

Exploring the use of strategies to support Solution Focused Brief Therapy (SFBT) to enhance engagement with adolescent males:

One counsellor's experience.

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Abstract

This thesis seeks to examine how young men, at a New Zealand single sex high school, engage with strategies and tools offered to support solution focused brief therapy (SFBT).

A qualitative case study research approach is used. The context of this study is the counselling service of a high school where young men are aged between 13 and 18 years of age. These are often turbulent years for teenagers and high school presents its own challenges irrespective of those faced at home or in other contexts. The counselling they are offered uses a solution-focused approach where the purpose is to encourage clients to create their own preferred future and strategies for achieving this. The aim of this study is to help the young men engage and gain benefit from their counselling.

Students were invited to volunteer to be part of this study. The four selected presented with reasons for coming to counselling similar to those of students typically seeking counselling (work/study and relationship issues). Each participant consented to engage in solution-focused counselling where the counsellor used a range of kinaesthetic and visual tools to assist in the counselling process. Counselling sessions were videoed and analysed with specific focus on client engagement. Four key findings emerged. Firstly, the use of SFBT tools and strategies produced increased verbal interaction (i.e. more talking); secondly a range of non-verbal expressions including changes in body language were displayed as signs of engagement; thirdly the clarification of goal/s through visual/practical scales evoked positive talk and ownership over the student's future; and finally self-reflection by the researcher on the impact of each counselling session produced positive and improved outcomes on the researcher's own counselling practice.

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Contents

ABSTRACT	2
ACKNOWLEDGMENTS	3-4
CONTENTS	5-7
CHAPTER ONE: INTRODUCTION	8-10
CHAPTER TWO: LITERATURE REVIEW	11
Adolescent Development	11
Adolescent Brain Development	12
Boys Brain Development	15
Engaging Boys	17
Counselling Boys	18
What does this mean for boys and counselling?	21
Solution Focused Brief Therapy	21
Solution Focused Brief Therapy Techniques	23
Social Constructionism	25
Summary of the Literature	28
CHAPTER THREE: METHODOLOGY	29
Introduction	29
Qualitative Research	30
Interpretive Theoretical Framework	32
Case Study	34
Treaty of Waitangi	35

Method

Research Setting	37
Participants and Setting (Data Access)	37
Description of Strategies	39
- Strategy 1: Kinaesthetic Activities	39
- Strategy 2: Practical Scales	40
- Strategy 3: Visual Cards	41
Tools for Data Collection	42
- Participant Observation	42
- Audiovisual Materials	43
- Written documents and records	44
- Open-ended questionnaire	44
Data Analysis – Thematic Analysis	45
Rigour and Trustworthiness	46
Ethical Issues	47
- Informed Consent	49
- Confidentiality	50
- Protect clients from risk or harm	50
- Potential bias	51
- Summary	52
 CHAPTER FOUR: THEMATIC REVIEW	 53
Introduction	53
Theme 1: “Easier to Chat”	53
Theme 2: Non-verbal responses	58
Theme 3: “helped me to work out how far I’ve come and where I need to get to” – future focus	60
Theme 4: Counsellor’s Experience	63
 CHAPTER FIVE: DISCUSSION	 68
Findings	68
Implications for Practice	70
Recommendations/Limitations	71

Conclusion	72
REFERENCES	74
APPENDICES	82
Appendix A: Summary of Strategies used	82
Appendix B: UC Ethics Approval	83
Appendix C: Student Information form	84
Appendix D: Parent Information form	86
Appendix E: Principal/Head of Pastoral Information form	88
Appendix F: Student Consent form	90
Appendix G: Parent Consent form	92
Appendix H: Principal Consent form	94
Appendix I: Advertising Poster/Email	96
Appendix J: Questions for students following sessions	97
Appendix K: Student survey completed at school around well-being	98

Chapter 1 – Introduction

Introduction

Adolescence can be a challenging period on the journey to adulthood. Major physical, mental, emotional and social changes can have significant implications on students' wellbeing. Many students manage these challenging years with seeming ease showing great resilience as they work towards adulthood and independence, whilst others, to varying degrees, struggle with a range of social and emotional issues.

Teenage suicide is an extreme consequence of overwhelming social and/or emotional issues in a young person's life, and the suicide statistics are a major area of concern for educators in New Zealand. The New Zealand annual provisional 2014-2015 suicide statistics are the highest since records have been kept (Department of Justice Report, 2015). Alarming, males have contributed to this increase significantly whilst female statistics have reduced. Of the 564 national suicide deaths in 2014-2015, 75.8% are males. Also of concern is that the report also states that Canterbury has consistently the highest number of suicides each year in comparison to other district health boards. Suicide is the second leading cause of death in 10-18 year olds in New Zealand.

Youth Advocate and public profile celebrity Mike King, says "The only way we are going to start getting on top of these appalling figures, for youth especially, is to stop giving the youth our answers to their problems, we have to empower them to identify the problem and come up with the solution" (as cited in Macallen, 2015). Research supports the view that when

youth have the confidence and ability to figure out solutions to their problems, they are able to develop greater resourcefulness and resilience, both valuable lifelong attributes (Everall, Altrows, & Paulson, 2006; Morton & Montgomery, 2013). Solution focused brief therapy is a modality that emphasises clients' resources and strengths to support the well-being of the individual (Jones-Smith, 2012) and through this process the individual is encouraged to reflect on their own situation, come up with possible solution/s and in so doing develop strategies to overcome challenges and also develop greater resourcefulness and resilience.

All educators working with teenagers are aware that a range of strategies is required in order to be successful in developing the whole individual. Research suggests that the learning needs of boys are better met through providing choice, having an active environment and making progress toward the future (Epstein, 1998). At times some students will also need to seek specialist support. If counselling is one pillar of specialist support in the structure of a school, then a critical eye on my counselling practice is going to be essential to help me engage and support young men through the various challenges they may face. Dunne, Thompson & Leitch (2000) encourage counsellors to examine what specifically it is within the therapy hour that makes a difference to their clients. Hence, the focus of this current research was to examine and reflect upon the appropriate use of solution focused brief therapy with young adolescent men with the purpose of improving my professional practice and therefore being able to better support the students who seek my help.

I am currently on counselling placement at an all-boys secondary school. I have worked in the same school in the pastoral system for six years, primarily as a Dean. In 2015, as part of a school survey on the well-being of students in our school students were asked who they

talked to when/if they experienced a major upset (see Appendix K). ‘School counsellor’ was not high on the list. This prompted me to wonder if there was more I could do to engage the young men in my office. I have found solution-focused approaches to be useful in the past, but wanted to learn more. Coincidentally, a student I was counselling picked up an abacus that was sitting on my office coffee table. His body language changed; he sank in to his chair, he even had a slight smile on his face as if he was enjoying himself, and was more relaxed. He also used a broader range of language than I had heard before. I asked him to use the abacus to scale the goal of the session and then asked how the abacus was helpful. He said, “Well, yeah, it helps me concentrate on what you’re saying”. To begin with, I was taken aback, but, encouraged by his answer, I was curious to find out what else might be helpful to engage young men in counselling.

I realised that my intended study to explore whether using tactile tools in my counselling helped my clients engage in the process, could be beneficial, not only to the young men, but also to my counselling practice. Engagement may or may not lead to successful outcomes for troubled teenagers but reflecting and improving on my practice is a valuable lifelong journey.

This study is informed by a review of relevant research and literature and uses an analysis of my own qualitative research in order to improve the engagement process and develop enhanced outcomes in the counselling of students; in particular through the use of strategies and tools offered to support solution focused brief therapy (SFBT).

Chapter 2 - Literature Review

This chapter provides a summary of the literature relevant to the current study. There is limited research specifically on how boys engage with solution focused brief therapy counselling, which is the main area of interest in this study. It has been useful to explore the literature on adolescence and especially the brain development of adolescents which has led to a search of literature on the ways in which boys learn in education, and the ways males in general engage in counselling. To conclude the chapter, I explore, explain and connect the adolescent brain development with social constructionism and its intersection with solution focused brief therapy.

Adolescent development

The pubescent, adolescent, teenage youth has been under scrutiny for many years. The turmoil, the challenges they undertake, the uncertainty, can be unknown to the outsider. Adolescence is a transition from childhood to adulthood. Those who work alongside and research youth agree that adolescence begins with the universal understanding of puberty, along with socially constructed views of what are acceptable norms of behaviour (Steinberg, 2011). In Latin, the word adolescence means ‘to grow up’ (Isaacs, 2013). Seigel (2015) argues that this is a “restricted” view of adolescence that constructs adolescence as a process where somehow everyone needs to endure. Seigel states that while this ‘growing up’ process can be extremely challenging and confusing, it does not necessarily need to be constrained as a time of survival, but a time to thrive. Further, he considers that the development and learning that adolescents may go through can “set the stage for the development of core character traits that will enable adolescents to go on to lead great lives of adventure and purpose” (Seigel, 2015, p.2).

This view of adolescence, seems most helpful for consideration by teachers and counsellors in secondary schools who want to work effectively with teenagers. As professional supporters, counsellors, who want to know the best ways to engage and support adolescents need to explore best practice. Part of this means learning about the developmental process to get an understanding of the changes an adolescent goes through in order to better support him or her. Through science and exploration, we are learning more all of the time, and we are increasingly becoming aware that it is important not to focus just on one area, but that social context, neurological development, hormones, and genetic inheritance all play inter-related roles in this huge developmental process (Dahl, 2013).

Adolescent brain development

To help understand infants, children, adolescents and adults, more research is being undertaken on the brain and its development. In my experience, students have come to counselling due to issues with their behaviour or thoughts, all of which have beginnings in the brain. It is not the mouth that decides to swear at a teacher, it is not the fist that punches the other child – behaviour originates in the brain. Perry (1997) exhorts us to look to neuroscience. In order to understand behaviour and thoughts, we need to understand where it all begins; that is, we need to look at the basic anatomy and functions of the brain.

From womb through to adulthood, the brain develops and functions hierarchically (McCaleb, 2005). Bruce Perry, well renowned researcher and child psychiatrist has developed the neurosequential model of the brain (McCaleb, 2005). The base of the brain is the brainstem (or reptilian brain), which has positioned above it the movement brain, then the emotional limbic system and then finally the pre-frontal cortex (Perry, 1997). Relatively speaking, the

base of the brain begins with more simplistic tasks such as breathing and the cortex involves complicated processes such as language and abstract thinking.

With respect to education, and in particular therapy, an understanding of the structure of the brain and the way the human brain processes stimuli will enable the teacher or counsellor to be more effective in their interactions with each student. Using this hierarchical model suggests that to even begin processing questions from a teacher or counsellor, the client would need to bridge the gaps between their brainstem and cortex. A good teacher or counsellor helps achieve this connection either consciously or sub-consciously. The brainstem can be activated and put in to high arousal mode if there is a perceived threat and a need to ‘fight or flight’ (McCaleb, 2005). This then suspends other brain centres in development and functionality is brought right back to basics. Some students would not be able to use or process language effectively without first finding security in their brainstem, such as meeting their survival needs (food, shelter, including shelter from violent threats). Only then can the brain work in a hierarchical manner, to achieve calm and control their mid brain (responsible for movement), then deal with emotions (limbic system) and finally the thinking (cortex brain) can come in to action (Mikaere-Wallis, 2015, Perry, 2007, McCaleb, 2005).

The cortex along with the limbic system has a vital role in communicating and interacting with other people effectively. The cortex acts as a filter for our limbic system – it sends the message... ‘is it wise to act on the emotional response in this situation?’ (McCaleb, 2005). Perry (2009) discusses his research on the brain function in children who have had trauma. They have found that the best therapy avoids consolidating the original feelings by using a

different neural pathway to that used by the previous trauma. This reinforces one of the key concepts of solution focused brief therapy in that re-tracing memories/feelings or focusing on the problem affects negatively the therapeutic relationship between therapists and client (Berg & de Jong, 2013).

Understanding the hierarchical nature of the developing brain can help adolescent supporters place the appropriate support whatever the need. For example, if a student has come to counselling because he has been in a fight, the immediate response may not be to ask him ‘what was he thinking?’, but to take away the threat, help him to calm his movement brain through repetitive movement (walking, bouncing on a swiss ball etc), and then listen to his side of the story to get him to express emotion and calm the limbic system. Finally once all of these neurological needs are met, then the cortex (thinking brain) could come in to play with the counsellor’s assistance to help the client understand and process the situation. This process may be faster for some than others depending on a range of other factors such as past experiences, home life, personality, genes or even gender differences. The effectiveness of an adolescent therapist is enhanced by an understanding of neurological function and that various environmental, hormonal and anatomical triggers which can influence the reactions or responses of the adolescent.

Geldard (2009) notes that many students who access counselling are experiencing some difficulty in their lives. For some, this might be a short-lived difficulty that requires some personal exploration, or for others it might be more long-term. It is often unknown what individuals are going through and in solution focused brief therapy we are not there to make a ‘diagnosis’, but to deal with the presenting problem in a future-focused way. Considering that

every young person has their “own unique characteristics, personalities, thoughts, beliefs, emotional responses and behaviours” (p.1, Geldard, 2009), it is our role as professional supporters to adapt to the individual in front of us. It can also be useful to refer to research and add to our own body of knowledge so that we are as resourceful as possible. As inferred above, one area of research for a therapist to explore is the structure and function of the brain. Knowledge and understanding of the brain has been greatly enhanced over the past decade, and this is explored in more detail below.

Boys’ brain development

It has been acknowledged that boys’ brains develop later than girls’, as late as 32 years of age (Mikaere-Wallis, N., personal communication, May 12, 2015); and during this development they process information differently in the cortex (thinking brain). For example, Booth, Bitan, & Burman (2008) identify in their study that when boys complete language tasks they use a different part of the brain to process the language than girls.

Booth, Burman and Bitan (2008) undertook a study of 62 children – 31 boys and 31 girls – aged between 9 and 15 years investigating language skill and brain activation using functional magnetic resonance imaging techniques. They found that girls are significantly better at processing stimuli (sensory information) into language than boys. Auditory and visual stimuli plus oral language responses were measured by imaging techniques. The results showed that girls are better at accessing and integrating auditory and visual responses from the two main parts of the brain associated with language development – the left fusiform gyrus and the left inferior frontal gyrus – with a subsequent superior articulation of language, whereas boys accessed and processed information from different parts of the brain depending on the stimuli. In particular, boys processed auditory stimuli from the part of the brain associated with auditory stimuli (the superior parietal lobule (SPL) and precuneus

(PreCun) regions) and visual stimuli from a completely different part of the brain (the cortex and posterior parietal regions). In other words, in boys there was little integration of processing stimuli in the language part of the brain and therefore their language articulation was less well developed. Interestingly, Booth, Burman and Bitan state that the differences in language articulation between girls and boys disappear in adulthood.

In terms of relevance to this study, Booth, Burman and Bitan's research indicates that adolescent boys will struggle to articulate language unless it is associated with particular stimuli, and that different parts of the boys' brains process the different stimuli and convert into language. By extrapolation therefore, a boy with a more strongly developed cortex and posterior parietal region of the brain than the superior parietal lobule (SPL) and precuneus (PreCun) regions will process visual stimuli into language better than auditory stimuli. Their study did not measure kinaesthetic stimuli but the results of their research would support the notion that boys with a well-developed kinaesthetic part of the brain would process and articulate language better when that part of the brain is stimulated.

Other research has shown that boys and girls also process emotions differently (Sax, 2007). Yurgelun-Todd (2007) undertook research at Harvard Medical School that demonstrated that teenage girls process negative emotions in the same area of the brain that develops language. In teenage boys, they found that brain activity associated with negative emotion was localised primarily in the amygdala, a section of the brain with little connection to language. This research (Yurgelun-Todd, 2007) might help with the stereotypical view that boys don't utilise talk, especially when it comes to feelings. This literature provides a useful platform for considering the literature on engaging boys in education and therapy.

Engaging boys

Academically, boys are still ‘failing’ in comparison to females in New Zealand’s National Certificate of Educational Achievement and University Entrance. Figures from 2009 to 2014 released by the New Zealand Qualifications Authority and quoted in the New Zealand Herald (14 Sept 2015) showed there had been a consistent pattern of female students attaining NCEA Level 2, or equivalent, at higher rates than male students. In 2014, the trend continued with 79.9 per cent of girls leaving school with NCEA Level 2 or higher, compared to 74.5 per cent of boys. However, it is pleasing to note that the size of the gender gap is closing with the difference reducing from 8.2 per cent in 2009 to 5.4 per cent in 2014. These figures suggest that as educators we all have a role to find out what will work in engaging boys in all aspects of education and to improve the educational statistics (or outcomes) for boys.

In 1894, Sir Anthony Hope was one of the first researchers to observe that boys in the classroom and playground behaving ‘differently’ (Place, 1997). Since then, there has been research and literature focusing on the ways that boys learn with the aim of learning, justifying and progressing education for boys (Elwood, et.al. 1999). In Martin (2003) qualitative study, 65 Year 8 -10 boys were interviewed on key characteristics of the teacher and how they best learnt. Martin (2003) found that boys are motivated for learning when good relationships are established, choice is provided in a variety of learning content and boys’ opinions and perspectives are respected (Martin, 2003). This literature on engaging boys in education is particularly helpful for my work as I am interested in engaging boys in counselling. The ideas of establishing a relationship, using variety and choice and respecting boys’ perspectives are particularly pertinent as these are key to good counselling in general, and solution-focused counselling in particular.

Counselling boys

There is limited literature available on the topic of Solution Focused Brief Therapy with adolescent males however there is some research on counselling in general for the male population.

Two studies have focused on the different ways males cope when facing issues (Freydenberg & Lewis, 1991). In their research they asked 650 male and female Year 11 and 12 students how they coped with major concerns in their lives. They found distinct differences in the ways boys and girls cope. For example girls seek out more social support and place more emphasis on relationships than boys. Freydenberg & Lewis (1991) found that boys are more likely than girls to be aggressive and private, that they can self-sabotage, they use humour, sport, and when seeking help, they want direct action that ‘fixes’ the problem (Freydenberg & Lewis, 1991). This research was undertaken in Australia where the culture of males is quite similar to New Zealand. In another study, Schmied & Tully (2009) gathered research from case workers (child protection practitioners), also from Australia, through interviews and focus group discussions. Interestingly the case workers identified that the practical strategy, along with the qualities of the counsellor, assisted the adolescents in achieving their goals. “They wanted to be doing things, not just feeling better” (Schmied & Tully, 2009, p. 28). They noted the adolescents in child protection wanted to be completing tasks and achieving something, rather than an abstract, non-concrete association of ‘feeling better’.

Before males come to counselling though, they may have to overcome the stigma that attending counselling is a sign of weakness. This fear of failure, of being weak, could be attributed to the social construction of masculinity. Helmreich & Spence (1978) define masculinity as “a cluster of socially desirable attributes stereotypically considered to

differentiate males and females” (p.1). Some of these attributes have been identified as competition, status, toughness, and emotional stoicism. These traits have often been viewed as negative and associated with “male ‘problems’ such as aggression and violence, homophobia, misogyny, detached fathering, neglect of health” (Kiselica, & Englar-Carlson, 2010, p.276).

However Kiselica and Englar-Carlson (2010) are signposting a change in ‘manhood’, a change in what has previously been the accepted model of masculinity. In their journal article, they discuss the Positive Psychology/Positive Masculinity (PPPM) framework of working with men in therapy. They undertook a single Case study where a father had gone to one therapist who “pointed out everything wrong....and made me feel like I was useless” (p.280). They then had him see a different psychologist who worked under the PPPM model which identifies and emphasises 10 traditional male strengths. The psychologist had to work hard as this client had a negative view of therapists. The psychologist highlighted and accentuated the PPPM model’s 10 traditional masculinity strengths which he had heard his client talk about when discussing the ‘issues’ with his family. For example, one of the masculine strengths this model discusses is the worker/provider tradition of men and how the cultural expectation that a man will work and support his family is a central component of male identity and self-esteem. Working long hours had been a part of the conflict in his family. This psychologist was able to affirm the client that providing for the family showed he loved his family, which initially built trust between client and therapist. Therapy continued later with the wife and this strength, along with the others that the therapist had highlighted, formed the basis for creating change in their family environment.

Kiselica and Englar-Carlson (2010) then concluded that positive psychology should be a form of primary prevention to enhance the development of boys and men. They recommend that discussing positive masculine strengths rather than deficits should be the starting point for therapy with men and in psychoeducational groups and classes.

One such initiative using this approach is the work of Steve Biddulph (2014), a psychologist and educator. Biddulph has engaged in action-research using his own psychologist practice. As a result of his findings Biddulph has written a book called 'Raising Boys'. He discusses the modern view of masculinity and many schools are starting to take up programmes such as the 'Rite Journey', created by Andrew Lines who draws heavily on the Biddulph (2014) research. The programme is aimed to support boys develop mentally and emotionally through to adulthood. It is working with boys' inner strengths and igniting these in positive ways. For example, male courage, daring and risk-taking has in the past been seen as negative when they undertake tasks such as drinking, driving fast cars and living life dangerously (Kiselica and Englar-Carlson 2010). This programme works to accentuate this social construct of males 'rite of passage' to take risks in a positive manner. The boys discuss positive ways to fulfil their need to take risks such as challenging themselves to try something new, push themselves outside comfort zone even if they may be wrong and have to face humiliation and through it all, there is an underlying message that it is ok to fail. In this 'Rite Journey' programme, they do this through a camp solo experience. The most important part of it all is the conversations they have as a class following these challenges.

This literature on positive masculinity has been helpful when considering my research and my own counselling practice. This research suggests that, when counselling boys, I need to

be aware of the norms of masculinity within which they are living and consider the idea that working with them in a positive manner may help them engage with the process of therapy, and also with the therapist. Research by Jones-Smith (2012) on counselling effectiveness describes the relationship between the counsellor and client, the therapeutic alliance, as an important contributor to positive outcomes.

What does this mean for boys and counselling?

In the context of adolescent boys the above research seems to suggest that therapy will be useful when a strong relationship with the therapist is established leading to an exploration of how each individual can utilise and engage the brain in talk or conversation to help process feelings and emotions. If the boys are experiencing times of high stress where their survival needs are not being met, then this becomes the first priority even before any therapy can begin. Furthermore, Perry (2009) found that the best therapy for children who have experienced trauma is one that uses a different pathway than the previous trauma used. The principle of solution focused brief therapy that the solution may not relate to the problem could make it an ideal vehicle for creating new pathways in the brain.

Solution focused brief therapy

The solution focused brief therapy was developed during the post-modern era in the late 1970s by Insoo Kim Berg and Steve de Shazer (Berg, 1991). The model evolved from family therapy and was a paradigm shift from the traditional psychotherapy view that to help people, the therapist needs to focus on problem resolution. The premise in solution-focused brief therapy is that counsellor and client work together to establish what the client wants from counselling (client-defined goal or preferred future), explore what resources the client already

possesses to help him shift towards achieving the goal, and encourage the adoption of client motivated strategies to create unique solutions to the clients' problem. The fundamental basis of this process is the clients' interpretation of the problem, their resourcefulness and their potential solutions. When using the solution-focused approach a counsellor or therapist recognises that all interpretations and meanings are informed by social constructionism (Berg and de Jong, 2013; Lipchik, 2000). This allows counsellors to respect that new realities and preferred futures are co-created through social interaction throughout the session and between sessions. "People make meanings as they interact with others" (Berg & De Jong, 2013, p. 343). That can be within the therapist's office with the therapist, or outside with the people that surround them in everyday life.

Jones-Smith (2012) describes solution focused therapy as a practice-based model of helping people find solutions to the challenges that life brings. Furthermore, Miller and De Shazer (2000) note that, when working in a solution-focused manner, skilled practitioners take in to account the client's emotional needs, but rather than asking "how are you feeling about that?" they link cognitions, emotions and/or behaviour by asking 'how did you do that?' Each of these views is helpful for my research where I am wanting to explore ways to include behavioural elements to encourage young males to engage in counselling

There are some key principles associated with the solution focused brief therapy model that describe ways that a solution focused counsellor works and which provides support for the view that this approach is very appropriate for use with adolescent males. First, there is the assertion that, to work in a solution focused brief therapy manner, the counsellor needs to accept that the 'client is the expert' (Hanton, 2011) in his or her life and that the client has the

strengths and resources to make change. Second, there is the assertion that prior to the counselling session and between sessions are important times as these may be times where there has been change in the client's situation. As well, there are always exceptions to any problem and as a counsellor you do not 'need' to know all about the problem to build solutions. Another assumption is that situations may appear static but they are always changing and sometimes 'good enough' is good enough. (Hanton, 2011). These assumptions and understandings are essential to work within a solution focused framework if we are to be successful in our application of the model. In addition, the key premise is that all clients are unique capable individuals – including children and adolescents.

Berg and Steiner (2003) have undertaken solution focused work with children. They note that the historical view was to work out what is 'wrong' with the child and where the problems came from. Berg and Steiner found that had a detrimental effect and often led to an existence of blame (pg. 5). Blame may have landed on the parents or others who had had an influence on that child's life. In using a solution-focused approach, Berg and Steiner (2003) have found that working on solutions (rather than problems) creates a culture of positivity, where the child/parents have the view of change for the better.

Solution focused techniques

As discussed, solution focused brief therapy is a framework and there are key assumptions and understandings that underpin the modality. It is a way of working *with* the client. There are specific techniques that assist this process such as goal clarification, miracle question, and scaling techniques.

In solution focused brief therapy, the therapist is interested in finding out what the clients want to be different in their lives (Berg and De Jong, 2013). Initially this may be through talking about their problems, but as therapists our aim is to guide the client to creating well-formed goals that give specifics to their preferred future. Clarifying goals helps the client move from problem talk to moving to solution talk.

Another technique that can be useful in eliciting solution talk is entitled the miracle question. The miracle question enables a client to imagine what the future might look like and what differences will be apparent to him and to others (Hanton, 2011). The miracle question is a strategy to amplify what the client wants. The original miracle question, designed by Insoo Kim Berg (Berg & de Jong, 2013) that has not been adapted is:

I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So you wake up tomorrow morning, what will be different that will tell you a miracle has happened and the problem which brought you here is solved?

To use the miracle question well it requires a great deal of skill in timing, listening, amplifying and exploration (Hanton, 2011). At times this means adapting the question to the circumstance. For example, if a client is working through alcohol issues, it may be too much of a jump for them to visualise the problem has completely gone. It might be a case of asking 'And when you wake up, you realise that you have confidence that your drinking is going to get better, what is the first thing that you notice that tells you?' This adaptation to the

question is something that will be useful to explore in this research in understanding what it is that will help to engage young men in counselling.

Another useful technique in Solution focused brief therapy is the use of scaling. A therapist may want to explore progress in relation to the goal and through the use of the scale, they can glean understanding to the problem that serves as a benchmark of progression in concrete tangible steps. The therapist may ask ‘imagine a scale from 1 -10, with 10 representing how you want things to be when the problem is solved and 1 is the opposite. What number would you be on now?’ (Jones-Smith, 2012, p.413).

Scales used in subsequent sessions can help the client to identify progress, explore exceptions, and highlight mechanisms of coping. All of these, even if only minor, can help to empower the client and help him identify strengths and resources to bring out client optimism toward their preferred future (Hanton, 2011).

Social Constructionism

As noted above, the foundation of solution-focused counselling is social constructionism. Within a social constructionism discourse, knowledge and truth are influenced by social structures. Burr (2003) explains that in a broad sense, our experiences define our perception of reality by the meanings we associate to them which are shaped by culture and institutions. Neimeyer (1998) notes that at another level, social construction takes place in our daily interactions with others. We establish meaning and re-create realities through interactions with other people. A major medium for achieving these subjective realities is through

language. A social constructionist believes construction of knowledge derives from language. Solution focused therapists aim to co-construct, through the choice of language they use, alternative paths to solutions with their clients (Simon, Murphy, Smith, 2005). The conversations that are held between the therapist and client are led in a future-focused manner with a range of questions aimed at creating new realities and better solutions. The conversation highlights key aspects of their world in a positive, solution-building way and once accepted by the client, can alter the way they perceive their world. Hence, the way people describe their experiences transforms what their experiences are (Hare-Mustin & Marecek, 1994).

From a social constructionist viewpoint, considering language is critical in the construction of knowledge and understanding. The problem with this view, however, is that this may encourage a view/expectation that the only way therapy can be conducted, is through talking and that verbal reasoning is a key component of how we learn. As Hasan (1989) states, a child learns through language, where he/she builds up a picture of their world and their place within it.

Another way in which social constructionism informs our view of counselling is when we consider our understanding of body language. Body language is a social construct. Each culture and/or social group has its own overt and covert understandings about what is socially appropriate. The study of body language is called kinesics and proxemics. Kinesics relates to facial expressions and gestures, whereas proxemics refers to spatial proximity (Terneus & Malone, 2004). Leading experts on body language Allan and Barbara Pease (as cited in Terneus & Malone, 2004) discuss anthropologist Ray Birdwhistell who pioneered the original

study of non-verbal communication — what he called 'kinesics'. Birdwhistell estimated that the average person actually speaks words for a total of about ten or eleven minutes a day and that the average sentence takes only about 2.5 seconds. Birdwhistell also estimated we can make and recognise around 250,000 facial expressions. He found that the verbal component of a face-to-face conversation is less than 35% and that over 65% of communication is done non-verbally. Pease and Pease's own analysis of thousands of recorded sales interviews and negotiations during the 1970s and 1980s showed that, in business encounters, body language accounts for between 60 and 80% of the impact made around a negotiating table and that people form 60 to 80% of their initial opinion about a new person in less than four minutes. By extrapolation, skills in interpreting non-verbal communication kinesics is an important tool for all counsellors, including those using solution-focused model.

Spatial Proximity (proxemics) is about distance between people who are interacting. In counselling, this aspect of non-verbal communication includes how the furniture is arranged within the counselling space. Haase and DiMattia, (1970) believe understanding the benefits of proxemics is critical in effective counselling. They state that the arrangement of seating can contribute to, or detract from, the client's overall experience and comfort. Allowing clients the flexibility to seat themselves in positions that they feel most comfortable with may support their spatial boundaries as well as increasing their comfort and openness. Reading this literature encouraged me to consider how the furniture is arranged in my counselling room. As the room is large, and there are chairs/tables, and beanbags, clients are able to choose to sit in places where they feel most comfortable. This has also been the case for participants who volunteered to be part of the research as well as counselling clients.

Summary of the Literature

This review of literature has identified that there is limited research specifically on how boys are engaged with solution focused brief therapy counselling, which is the main area of interest of this research. However, there is some relevant research on adolescence; solution-focused brief therapy; the brain development of adolescents particularly how boys learn in education, and how their brain development is different to girls resulting in differences in dexterity of verbal communication; the ways males in general engage in general counselling; how social constructionism informs our views of non-verbal communication and the premises of solution-focused therapy. Literature on each of these areas has been explored to help guide the context and process of the current research question:

How do adolescent boys engage with an adapted Solution Focused Brief Therapy (SFBT) model of counselling?

Chapter 3 - Methodology and Methods

Introduction

Methodology refers to the manner in which we approach the research issue and seek answers (Taylor & Bogdan, 1998). It also relates to the overall theoretical lens used by the researcher as well as the specific tools used, such as observations, interviews and documents (Bogdan and Biklen, 2007). This chapter explains the methodology and the methods used to elicit data and bring about understanding to my research question. I begin the chapter by outlining the setting of the research and consider how this lends itself to the chosen methodology: qualitative research adopting an interpretive approach.

I have been teaching in an all-boys high school for six years and have progressively moved from teaching to pastoral-care roles. As I have transitioned from a Dean to undertaking more of a Counsellor's role with the boys I observed and experienced long silences, shuffling, grunting and short superficial answers, all indicating a lack of engagement and lack of effectiveness with the therapy offered. Enrolment and participation in the Master of Counselling course combined with informal personal action research strategies undertaken during my counselling sessions challenged me to undertake a formal research thesis to consider and evaluate more effective ways to engage these young men in a counselling context.

Initially I considered a quantitative approach where I thought taking a measure of the tools and strategies I used would give me the exact answers I needed to answer the question: 'what

works well with boys in counselling’. However after some exploration I realised that qualitative research methodology in a naturalistic manner was the only appropriate vehicle to understand the phenomenon of effective male adolescent counselling. . Qualitative research is closely aligned with the theoretical framework of social constructivism which Davidson and Tolich (1998) describe as ‘direct observation of people in natural settings in order to arrive at understandings and interpretations of how people create and maintain their social worlds. The qualitative approach in this study has involved direct observation of clients in natural settings through a case study approach. This methodology is explored in more detail below.

Using a social constructionist theoretical perspective through qualitative research methodology aligns with my own theoretical framework of thinking. I believe that knowledge is a construct of social interactions and that the perceptions of the participants in these social interactions are key to understanding their worlds in order to reach positive outcomes in any counselling process. Within this paradigm, an explanation is given to the interpretivist nature of the research. I also describe the research methods adopted, including the Case Study design, outline ethical and cultural considerations and describe how I ensured rigour and trustworthiness.

Qualitative Research

Merriam (1998) describes counselling as a process, a lived experience, one in which participants face different realities, and that this creates a challenge for researchers who wish to understand and interpret how clients experience the counselling process. Qualitative research appears to address this challenge by gaining rich and in-depth perspectives of individual participants.

Lichtman (2006) notes that, in general, qualitative research is about understanding and describing an experience in a detailed manner. Since my research focus is to understand how adolescent boys (and myself) experience Solution Focussed Brief Therapy (SFBT) counselling, a qualitative approach which analyses each individual's responses seems appropriate to gain in-depth participant perspectives to gather rich data. Further, because I am interested in how adolescents engage with the solution focused model of counselling, I needed to be reflective and to ask questions to draw out particular meaning. During data analysis I needed to distinguish the difference between what the adolescent and counsellor said or did, and my interpretation of it. As Lichtman (2006) says, "Good qualitative work clearly distinguishes between what the respondent said and the research analyst's interpretation or account of it."

There are a number of different characteristics that constitute qualitative research. As outlined above, Bogdan & Biklen (2007) describe qualitative research as being naturalistic in setting, where data will be descriptive using participants' perspectives and analysed inductively. This approach to research fits with my counselling style and the context I work in - the school and students I work with can continue 'naturally' and as 'normal' during the research process (Bogdan & Biklen, 2007). Further explanation follows about this naturalistic perspective.

According to Bogdan and Biklen (2007) a naturalistic approach attempts to 'understand the meaning of events and interactions to ordinary people in natural situations' (p. 25). It is appropriate to analyse my experience of adapting the SFBT model in the natural settings of my counselling sessions, particularly because I am concerned with the 'context' of the

conversations. As Bogdan and Biklen (2007) further state “human behaviour is significantly influenced by the setting in which it occurs” (p. 5).

The data collected and described in this study are descriptive in nature through the making of counselling transcripts (via videotape) and counsellor’s notes. Taking descriptive notes provides rich data of the participants’ experience as voiced by the students themselves. The value is in the words that the students use to describe their experiences, and those in the counsellor’s notes. It is the detail that helps us in our search for meaning and understanding (Bogdan & Biklen, 2007).

Interpretive Theoretical Framework

I believe that all individuals are unique and largely non-generalizable; and that to make sense of the world and to attempt an understanding of the complexity of human beings requires firstly an investigation of individuals and their way of thinking in order to understand their interpretation of the world around them (Cohen, Manion & Morrison, 2000). Having a strong belief in the theoretical lens that knowledge and understanding is socially constructed encourages me to believe that this research and solution focused therapy fit well with a constructionist view of knowledge, where multiple realities are constructed and interpreted (Stake, 2010; Lichtman, 2006). I wanted to explore and understand what is happening when I am counselling and I needed to adopt an interpretive approach to research this.

Interpreting the meaning of the counselling adaptations made during the sessions is the philosophical basis of my study. It was important for me to make sense of the counselling

adaptations and what that meant for future practice. In qualitative research, interpretation comes from words (Neuman, 1997). The qualitative researcher interprets the data by giving the words meaning. Neuman (1997) explains interpretation of meaning in two steps. *First-order interpretation* refers to the words, behaviour, and/or motives for their actions. The researcher's explanation of this *first-order interpretation* is a *second-order interpretation*. Both first and second-order interpretation was useful in deriving meaning from the data.

The interpretivist researcher is committed to examining social phenomena from their participant's perspective (Bogdan & Taylor, 1998). Davidson & Tolich (1999) further describe an interpretive approach as the systematic analysis of socially meaningful action through detailed observation of people in their natural settings. The aim of the researcher is to gain a perspective on how reality occurs in one time and setting – through individual case studies - and how that compares with other instances. “Thus theory becomes sets of meanings which yield insight and understanding of people's behaviour.” (Cohen et al., 2000, p.105). It was these insights into the behaviour of the young men who present for counselling that form the outcomes from this research study. By carefully adhering to the solution-focused principles and process, these insights came from the young men themselves, and are presented through the process of interpretive data analysis.

These insights gained by both researcher and client, fit well with the concept of interpretative research as a form of qualitative research. It seemed the best research approach to adopt in trying to explore the research question of ‘How do adolescent boys engage with an adapted SFBT model of counselling?’ through the lens of my experience as the counsellor. My understanding of what is happening during each session and then how that affects my future

counselling practice, is fundamental to continual improvement and is subject to my unique experience. The important reality is what the participants (both me as the counsellor-researcher and my adolescent male clients) perceive it to be (Bogdan & Taylor, 1998). Every adolescent male that comes through my office wanting counselling is unique in their story, in their experiences and in the way they cope with challenges, and as a result, for each client I adopt different strategies in utilising best counselling practice.

Case Study

A case study is an investigation into a specific phenomenon within everyday life (Yin, 2014). Case studies are used to build on our knowledge of individuals, organisations or social groups. A descriptive case study is best suited to my research on individuals as its “purpose is to describe a phenomenon in its real-world context” (Yin, 2014, p.238). Furthermore, the use of case studies as part of interpretive research is supported by Neuman (1997) who describe an interpretive approach as "the systemic analysis of socially meaningful action through the direct detailed observation of people in natural settings in order to arrive at understandings and interpretations of how people create and maintain their social worlds". (p.68). In other words, case studies are one way to gain detailed observation of people in their natural environment. This research study was an attempt to understand the experience of a small number of adolescent boys who came to counselling with me through a detailed interpretation of their specific case studies. The defining feature of case study research is the focus on ‘how’ and ‘why’ questions (Merriam, 2009). The phenomena I am exploring is ‘how adolescent boys are engaged in SFBT’. This is best understood as a single unit circumstance, in a specific context, to provide insight to a real-life situation (Merriam, 2009). All of this sits nicely within a case study approach where the complexity of the case is understood within the context and where the aim of the researcher is to gain perspective as to how this reality

occurs in one time and setting. In other words, understanding and insight in my counselling context is best gained through the naturalistic, qualitative, case study approach.

Treaty of Waitangi

The boys school where I work and where this research thesis was conducted is a multi-cultural high school with 35% non-European students including 17% Maori and 8% Pasifika (school statistics). Conducting research in Aotearoa New Zealand, especially in a school with a significant portion of Maori students, should therefore include a consideration of the Treaty of Waitangi and how its principles may be incorporated into research. To live authentically by the principles of the Treaty of Waitangi for me means to develop strong, respectful relationships. Being Māori, I am aware of the principles of the Treaty of Waitangi: participation, protection and partnership, and attempt to integrate these principles in to all that I do. The three principles needed careful consideration in regards to this research project because of the following aspects.

Firstly, when we talk about protection, participation and partnership, the informed consent is crucial, but this is only part of the process. It was important that throughout the whole process all clients, whether Maori or not, feel they have control over the situation, and that they are present by their own free will. Bogdan and Biklen (2007) do suggest some guidelines to support ethical approaches to fieldwork such as avoiding sites where participants might feel coerced to participate. In the school where this research took place if students are approached by a member of the pastoral team, the deans are able to suggest two counsellors, so the students have a choice of whom to see. For the purposes of this research, once a student identified they would like support from me, the Dean mentioned the research participation as an option. A guideline that was important for my participants' informed consent was for me

to clearly explain the requirements of the study and that included the five videotaped counselling sessions (Bogdan & Biklen, 2007).

When I spoke with our teacher-in-charge of Māori students in the school about my proposed research project, he was encouraging of its potential to help Māori students. He said when he reflected on the meaning of protection, he believes it is integral to protect the mana (pride) of the student. Their sense of self-worth is of upmost importance, and as I have mentioned earlier, the nature of solution focused counselling helps us as counsellors to sit back and take a non-expert stance and empower the students at all times throughout the process, which aligns well with this concept of protection.

Specifically with regards to adhering to the Treaty of Waitangi principles, in addition to gaining ethical consent and school approval, I approached and gained the support of the Teacher-in-Charge of Maori at the school by giving him a detailed outline of my plans and methodology. Once he was assured of the student safety of the project and the benefit to Maori learners he gave it his full support and encouraged students to participate in the project. I have found when working with Maori students particularly that it is important to gain their trust before attempting any counselling process. Having the support of the Teacher-in-Charge of Maori plus knowledge of my own Maori heritage helped gain the trust of the Maori students. Trustworthiness is explored in more detail in the following section.

Additionally, protection, participation and partnership was enhanced by involving other staff in the project and allowing them to encourage students to participate in the research; by giving students free choice over whether to participate in the study; by checking that they were well informed and comfortable participating in the research study; and by ensuring that

the students felt safe and comfortable in the setting of the Counsellor's Office. Of course, these principles are applicable to all students not just Maori, and they set the tone for positive and effective participation in the research study by all participants.

METHOD

The Research Setting

The setting of my research was an all-boys Year 7 – 13 secondary school where I am the Health teacher and one of two Counsellors.

Participants and Setting (Data access)

I chose to recruit students on a voluntary basis through an email containing a poster (Appendix I) which explained my research and then asked for volunteers. Having students volunteer was important so as not to coerce students in to the study, and also the study would therefore be authentic in helping students in need. I emailed all students a copy of the poster I had designed (Appendix I). I received six email responses within the first day showing interest in my study. It was important that the students I chose for the purposes of this research were not bringing concerns that were around issues of risk or harm as counselling would need to take a different focus. It was not important which year level these students were studying at, as this situation was my natural context, working with students of all ages from Year 7-13. I met separately with each of these students and established that three of them had relevant concerns such as stress with workload and/or relationship challenges that I felt would work well for my research. The other three students each had issues that were deemed more serious and not appropriate for this research. They received counselling as

normal, but were not a part of the research. Unfortunately after two sessions, Participant A pulled out. Counselling was offered apart from the research with myself, or with the other counsellor or outside providers. However he felt that he “didn’t have a serious problem and was just lazy” (Participant A, 1st September 2015). Four weeks into my research, I had another email from a student saying he had seen my poster advertising the research and asking if he could be a part of it. As I was coming to the end of counselling these 3 students, I wanted to work with one further student to add further data so I counselled this late applicant for four sessions.

Each participant was told the details of the study, including that parental consent was required; that they would be counselled as part of the research for 3-5 sessions; and other details specific to the research as seen in Appendix C. They took the parent information sheet and consent form home for parents/guardians to read and sign.

Throughout my research I followed the model of solution focused brief therapy, but at times experimented with techniques that might help the boys engage more in what is typically a talking-based therapy. I would still ask solution focused questions, but we might be playing a game of giant Connect 4, or shooting mini baskets in the hoop. For example, while we would put the discs in the Connect 4, I would ask the client solution focused brief therapy questions such as “how do you think stopping smoking is going to be good for you?” or “if you’re not being angry, what are you doing instead?” I used a lot of scales with the boys, but also tried to make them visual or practical. This included billiard scoring scales, abacus scales, and playing cards in a scale formation.

Description of strategies:

Physical Tools to Aid Engagement

A key aspect of my study towards adapting solution-focussed interventions to enhance engagement with adolescent males was the use of physical objects to help the boys discuss topics of concern more openly. As highlighted in the literature review by Mikaere-Wallis (2015) and Booth, Burman & Bitan (2008) boys can find it more difficult to articulate their experiences and thoughts than girls as they typically use different parts of the brain to girls. Visual and kinaesthetic stimuli enhance connections between the different parts of the brain and therefore aid language. In this study playing cards, lego and Connect 4 games were offered as potential tools to aid conversation. These tools were used in two ways. Either these physical objects were placed on the table between the counsellor and the participant and were available to be handled or used by the participant as he chose. Or, as the counsellor, I incorporated them as a tool in SFBT to elicit solution talk. As researcher, I noted carefully how each physical aid had an impact on the counselling process. I did this straight after the session in my counselling notes, and during observation of the videos.

Strategy 1 - Kinaesthetic activities

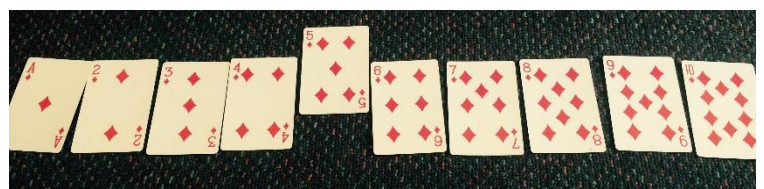
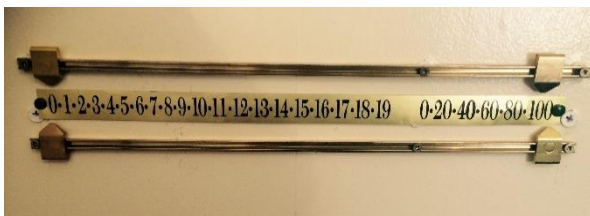
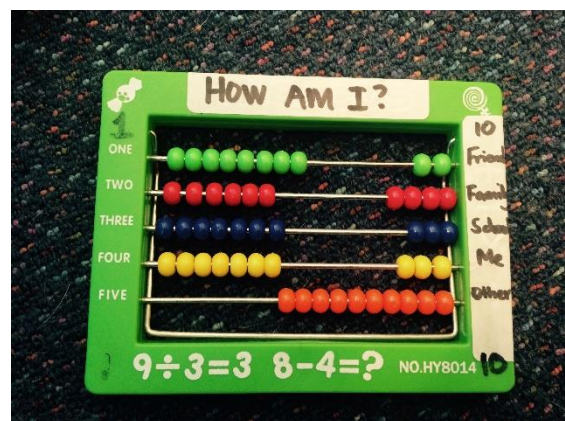
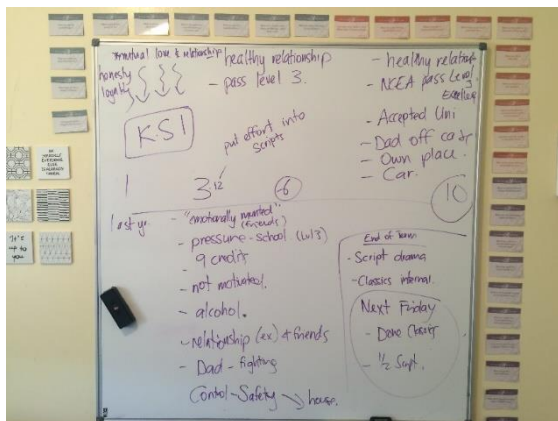
In my literature review on how boys engage in education, researchers talked about practical, kinaesthetic activities which helped them to learn (Skelton, 2001 & Schmied and Tully, 2007). The scales were mostly practical in nature, but I wanted to see if being active while talking helped the boys engage in counselling. I had a basket of toys for them to play with including balls, rubix cube, playdoh, lego, blocks, stones and drawing cards. I also had practical games already set up such as a giant Connect 4 and two shooting hoops so that we

could both shoot as we talked. The students were also encouraged to sit on the swiss ball if they preferred this to a seat.



Strategy 2 -Practical scales

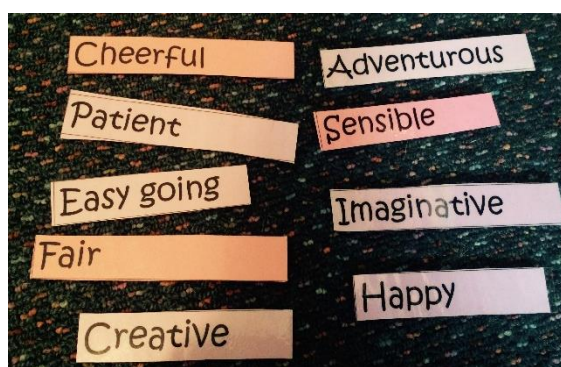
After having some success with the boys engaging in counselling while playing with a rubix cube, or the ball of elastic bands, I explored whether I could use the solution focused technique using a scale in a practical manner.



The first scale above represents a number of visual scales I undertook with the boys on the whiteboard. I also used an abacus with the students where they rate different aspects of their lives (similar to an ORS form), as well as the billiard scoring board and playing cards, as a practical scale recorder. I would then ask them questions tailored around the cards/abacus/board to facilitate the counselling conversation.

Strategy 3 - Visual Cards

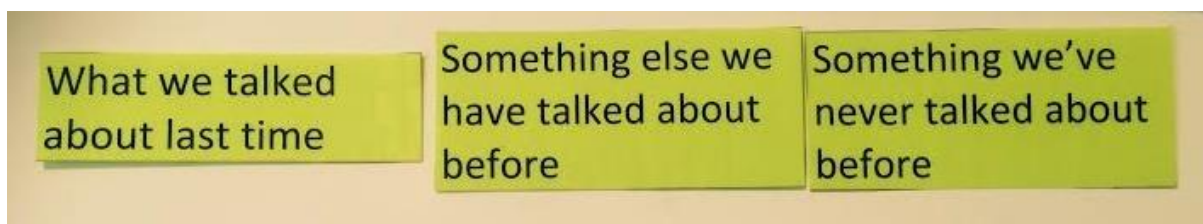
Strengths cards - I had often asked my students what their strengths were, or what others would say about them but few could articulate this. I made some cards with a number of character strengths on them and would ask students to pick out their strengths. The specific question would change depending on what direction the session was taking. At times they would choose strengths that they wanted to possess, other times, strengths they already utilised, or strengths that the situation/goal they wanted to achieve would require.



Session-starter cards – The beginning of a session has typically been a challenge for me when employing the solution focused model of counselling. I would often ask ‘What is it that brought you along today?’ or ‘How can I help today?’ I found the boys would often say

“don’t know” or grunt or shrug. The beginning of a session is an important ‘engager’ as it sets up the rest of the time together. The abacus scale was used, but part-way through my research, I took this topic to my counselling supervisor and he recommended the following 3 cards:

- What we talked about last time
- Something else we have talked about before
- Something we’ve never talked about before



In the next chapter I will explain how these strategies influenced engagement in the counselling process for adolescent males in a thematic review.

Tools for data collection

A rigorous case study is one in which a variety of data sources are used (Baxter, 2008). I used participant observation tools to inform my practice: reflexive documents (based on counsellor notes); an open-ended questionnaire; and video footage of the counselling sessions which were transcribed and coded.

Participant Observation

Participant observation is a process in which the researcher is part of the research, being constantly immersed in the setting and continually reflecting on the processes. As Bager-Charleson (2014) state, this process is a type of practice-based research in therapy which is a reflexive approach linking practical research skills and self-awareness with critical reflection. Adopting these tools for my own practice-based research was useful in collecting data for this study. Since my main aim was to gain an understanding of the behaviour of myself and the

clients in a natural setting, participant observation was a good data collection method (Lichtman, 2006). To undertake effective observation as a participant, all senses need to be used to absorb all of the information which might be important. Even seemingly unimportant information is observed and notes made. I needed to listen to both what was said, as well as how it was said (Neuman, 1997). Expression, tone, and body language all become as important as the words spoken. Examples can be found in my thematic review.

It is worth reiterating my role as both the researcher and being a participant at the same time. Bogdan and Bikden (2007) discuss the participant/observer continuum. The amount of participation the researcher has in the study needs to be calculated. Balancing the act of participation and observation can be challenging (Bogdan & Bikden, 2007). On one hand observing the participants (the client and me) was an important focus. However, on the other hand, the primary focus was to show full-attention to the client's counselling needs, and employ genuine empathetic listening skills. In saying that, during counsellor training, it is encouraged and emphasized to do both reflective and reflexive analyses of practice, something we, as counsellors, are familiar with. This was helpful preparation for observing the participants while being fully involved in the process in an authentic and relevant manner. For example, my counsellor notes were taken as normal during the session which meant I wrote key points. I also had the whiteboard from the visual scales from most of the sessions as record keeping and having the video to look back on afterwards, meant that I could focus and listen intently to the client at all times.

Audiovisual Materials

Audiovisual material helps researchers understand the central phenomenon (Creswell, 2012). Through the use of video observation, and subsequently reviewing, transcribing and

reviewing again post the counselling session/s, I was able to develop a broader perspective of what occurred in the sessions. This practice helped me to remember details that I may not have identified at the time, which I found reduced the pressure of observing the session, as well as counselling. When counselling I needed to be fully engaged in a relatively fast-moving situation and to make decisions on the spot about the next question, or the direction I could move the client towards. I needed to stay in counsellor mode and not worry about the researcher role and the video was invaluable for being able to do this. After one student removed themselves from my study with the only reason given that ‘he was too lazy and did not want to make change’, I reflected on all aspects of the sessions with him and made sure that the video could not be seen by the students so that they could relax as much as possible and did not hinder any progress.

Written Documents and Records

Another data collection method I employed for this research was the use of written documents for record keeping purposes. They were a valuable means to glean more information. These comprised my counsellor notes, my reflexive journal based on the individual sessions, and also photos or artefacts that the students had created or used. One example of this was the photos I took of the whiteboard after each visual scale was completed. This was really useful for reflecting on the session, not only for research purposes but also for reviewing before their next session. It was like a summary of what we had co-constructed that session.

Open-ended Questionnaire

To generate more data to the oral questions I used during the counselling session such as asking ‘what has been helpful?’ I used a short questionnaire that the students completed at the

end of the each session. I designed questions to elicit more information about what it was specifically in the session that was helpful to them (See Appendix J).

Data Analysis – Thematic Analysis

According to Davidson & Tolich (1999) data analysis is about searching for patterns and regularities in the data. A method to achieve this is thematic analysis where the researcher analyses and interprets the data to answer the research question (Braun & Clarke, 2008).

Analysing the data in a thematic manner involves the search for common threads that spread across the data (DeSantis & Noe Ugarriza, as cited in Vaismoradi, Turunen & Bondas, 2013). Thematic analysis is not just about reporting the ‘facts’ but makes an interpretation of the people and what is happening (Braun & Clarke, 2008).

In this research I used Creswell’s (2012) six steps to interpret and thematically analyse the data. This meant that I organised and prepared the data for analysis (such as transcribing the counselling sessions), then read through the data to get a sense of the material, coded the data, described the findings and formed the themes, reported the findings and then interpreted and validated the accuracy of the findings by peer-review and self-reflection (Creswell, 2012). This is explained below.

I differed slightly from Creswell’s structure and did not transcribe every word of the sessions. I watched the video footage of the 16 counselling sessions three times and each time I would transcribe the parts that closely related to my research question. I noticed that I found different components that were relevant each time that I did this, especially when looking at

the dynamics of the counselling session with body language and expression. For example, the first time watching, I was often caught up with the words and interpreted meaning from these, however the second and third viewings helped to consolidate that meaning with body language, or the expressions that might have given different interpretations. This was extremely helpful for me to get a full picture of the data and what the data were demonstrating. I then coded the data. Initially I identified five themes, however those were based around the strategies I was using. My supervisor reminded me of my research question and that I was looking at how the students were engaging. How did I know they were engaging? This different perspective brought out three themes through which I could interrogate the data. More information on these themes can be found in my thematic review chapter.

Rigour and Trustworthiness

Trustworthiness is referred to as “the ways we work to meet the criteria of validity, credibility, and believability of our research—as assessed by the academy, our communities, and our participants” (Harrison, MacGibbon, & Morton, 2001, p.324). The way we work to build trustworthiness is inherent in everything we do in our research, from the decisions we make to the way we build rapport with our participants (Harrison et.al., 2001). This was extremely important in my research as my participants’ assessment of the strategies trialled in my research was important for success. For counselling to be effective, the client needs to trust you as a counsellor in both the process and also in the content that is discussed. Counselling may be a soul-searching, soul-exposing experience for many, and to build rigour in the study trust is paramount.

Along with the rapport-building interactions with clients to build trust, Krefting (1991) discusses Guba's Model of Trustworthiness of Qualitative Research. Of the four aspects of trustworthiness, I selected two that could have been potential issues in my study: truth value and neutrality. "In qualitative research, truth value is usually obtained from the discovery of human experiences as they are lived and perceived by informants" (Krefting, 1991, p.215). In practice, this has relevance for my study as the perceptions of solution focused interventions from the participants underpins my findings. I hope that I have been able to represent those realities and truth of the participants as accurately as possible. To do this, I checked some of the key transcribed sections of the data with the clients themselves. In particular, it was important to me to see that the specific strategy I had used had a direct impact on their engagement. I also took some transcriptions to group supervision to have other counsellors check any bias and validate my findings. They asked useful questions of my data to help clarify my interpretation. For example, the transcripts did not show excitement as evidently as the raw video footage did, so at times they would ask questions such as 'how did I know he was excited?', or 'how can I say that he talked 'more' – did I have evidence that he didn't talk much?' etc.

Neutrality and honesty

The other potential issue that I took into consideration was neutrality. Krefting (1991) describes this as findings solely derived from the participants and conditions of the research, and not from "other biases, motivations, and perspectives" (Gubas, as cited in Krefting, 1991, p.216). I cannot bring in prior assumptions about what is going to work and what is not. As Gillham (2000) notes, you don't know until you are in the situation, immersed in the case, then have analysed the data, that you will come to understand the case within its context. I

analysed and collated the data concurrently, which according to Vaismoradi et al., (2013), adds to the richness and quality of the research.

To ensure my research has rigour and trustworthiness it was important for me to be completely honest throughout the process. It was also important to have no prior assumptions, to be critically reflective throughout the process, which meant listening to the video numerous times, checking the transcriptions, de-briefing with peers and supervisors (which was on the consent form), and making sure the client felt that they are not just a subject to be studied, that primarily they are there for counselling.

Ethical Issues

Ethical research begins and ends with the researcher. I agree with Neuman (1997) that my personal moral compass is the strongest indicator of ethical behaviour. As well as reflecting on my conscience throughout the process, there were ethical principles and guidelines from professional bodies that guided me in this research. Prior to beginning this research I gained permission from the University of Canterbury Human Ethics Committee (see Appendix A).

The New Zealand Association of Counsellors (NZAC) and the University of Canterbury Human Ethics Committee have similar principles to guide counselling research (See http://www.nzac.org.nz/code_of_ethics.cfm and <http://www.canterbury.ac.nz/humanethics>).

The main ethical considerations relevant to this study are the protection of clients from harm, informed consent, confidentiality, potential bias, and adhering to the principles of the Treaty of Waitangi.

Informed consent

Firstly, the principle of gaining informed consent is always an issue in counselling research, especially when students aged 12-18 are involved. I did not restrict my subjects to a particular age, however informed consent was deemed paramount from both the student and the parent for the extra support it can provide. From my experience, the parents of the majority of my counselling students have been aware of their involvement in counselling. As mentioned in my introduction, adolescence can be a time of turmoil and all facets of support can be beneficial. I did not plan to counsel students for this research project if there were issues that were complex and had the need for complete confidentiality (i.e. no parent consent/knowledge). The fact that the participants were volunteers, meant they were aware of the conditions (i.e. the need for parent consent) prior to the start of counselling and it was important I avoided unnecessary deception (UC Human Ethics Policy, 2014).

Informed consent is more than being aware of the study and giving permission to be a participant. It is about having a clear understanding of what the research is about and what it might involve (Creswell, 2007). But it was also important to keep returning to the spirit of this principle throughout the process as things could have changed. Being intuitive and responding to any sensitivities the client portrayed was something I consciously adhered to. Reflecting on my research actions throughout the entire process was of upmost importance to keep a check and consult with my conscience (Neuman, 1997). For example, when I had a client pull out of the research, I reviewed the video footage and transcripts as rigidly as all of the others to check that it was not something that I said that put him off, or any of the processes that I followed. I found that the client was looking at the laptop that had the picture of the video playing live. He checked his hair a few times and moved his body position after

looking at the camera. This resulted in me putting a piece of paper over the laptop screen so that the image was not seen.

Confidentiality

A guideline from the UC Human Ethics committee discusses the need to protect the identities of the participants. This was of upmost importance for this study, and a high priority of mine was to assure the student of this protection, so that true and honest information could be divulged in counselling and the follow-up reflection. Using coding such as 'client T' in my research was important to protect the identities of my participants, especially in a school setting where the participants could easily be identified. I had planned to change some of the situation or details, in order to protect the identity of my participants if required. I did not need to change the situation details in my study, as I did not give specific information that was identifiable to a particular client, but I used Client A and B etc to protect identity.

Protect clients from risk or harm

In everything that I do as a counsellor, whether conducting research or not, the key consideration is to protect the clients from harm. Harm could come in many forms from physical harm to psychological harm. Psychological harm could be in the form of confidentiality not being maintained, or where a counsellors own problems impact on practice, and also the power-relationship that can occur with student/counsellor relationships in schools. From the perspective of power relationships the most subtle potential harm (difficult to discern from the counsellor's own perspective), is in the form of influencing the client. As a school counsellor, and in a position of power as a trusted adult you could influence their construction of language and consequently thoughts on a subconscious level.

There is a fine line not to be crossed in directing the clients to what you *want* them to say. To address this issue in my research, it was important to stay true to the solution focused underlying principles in emphasising that the client is the expert and we have no right to make assumptions about their lives. “Treat informants with respect and seek their cooperation”, (Bogdan & Biklen, 2007 p.50) is sound advice, as well as seeking to continually clarify and check if aspects are helpful. Keeping a neutral stance of exploring the issue in a client-led manner was a challenge as I am still learning the practice of solution-focused counselling, but it was absolutely crucial in the success of the counselling and consequently, this study. Visiting my clinical supervisor every fortnight helped with this processing. My supervisor often worked with me in a solution focused manner where he would ask ‘how was that helpful for your client?’ to help me reflect on the client’s needs. For example, there were a few cases where I had my ‘dean’ hat on and would try and ‘fix’ their problems. I thought I knew what the right pathway was for the client. My supervisor often asked me to reflect on ‘what I would do’, and ‘what the client would choose to do’.

Potential Bias

Working in a boys’ school, I am well aware of the stereotypes that are placed on adolescent boys: boys like sport, they don’t like to read, and they cannot express themselves emotionally well. These are just some examples. I was conscious of these and other biases that may not be as explicitly obvious, and the interpretation and meaning I may derive unconsciously from these elements of potential bias. Stake (2010) highlights that qualitative research guards against stereotyping, but also contributes to it. The important aspect to remember is to not “oversimplify” or “overcomplicate” the stereotype (Stake, 2010, p.28). Reading the literature around boys and what engages boys, but also being reminded and challenged at supervision

to keep a neutral stance throughout my research helped keep the stereotypes in perspective. This is one of the main reasons why I chose a Case Study approach as I am aware the understanding that I took from the research is specific to the individuals that I counselled, not transferrable to 'all adolescent males'. By compartmentalising each case study and treating each case as a unique situation in its own right I strove to minimise the effect of stereotyping as outlined above.

Summary

The aim of this research study was to find out how adolescent males engage with strategies and tools to support solution focused brief therapy. Their perspectives, their responding behaviour to certain aspects of therapy and then how I interpreted these to modify my own counselling practice influenced the methodology and methods chosen. Social constructionist foundations set the tone for the interpretive theoretical nature of the research. The specific findings are explained in the following chapter.

Chapter 4 – Thematic description of findings.

Introduction

In this chapter I look at the themes derived from the data in more detail. In my previous methodology chapter, I described the strategies that I employed to introduce alternative ways of working with students. In my data analysis, I focused on the ways that clients responded to the use of the strategies. Four distinct descriptive themes emerged from this analysis.

Theme 1: “Easier to Chat”

As I mentioned earlier, a motivation for me to undertake this research is, a very common issue I have when counselling adolescent males: their short answers, their ‘grunts’ and expressions that they don’t want to talk, or don’t know what to talk about. This often happens at the beginning of a session. I used to ask ‘what would you like to focus on / talk about today?’ and this is what I would get:

Client 2 (Session 1)

T: Is there anything you would like to focus on today?

C: (Shrug of shoulders) Not sure.

Client 2 (Session 2)

T: What would you like to talk about today?

C: Don’t know

When I decided to use a strategy that used visual cues and action, I found that the client changed his response.

Client 2 (Session 3)

T: So I'm going to ask you a similar question that I have asked before, and it has to do with what you would like to talk about today. But this time I have 3 cards to show you. You will notice there are 3 cards. What would you like to discuss today? (Read the cards) - 'what we talked about last time', 'something else we have talked about before', and 'something we've never talked about before'.

C: Ummm...I would like to talk about something we have talked about before – my partner. We have been....

I did not need to keep asking questions, in a back and forth fashion like I have in the past with him, this client just kept talking. We then continued on with the use of a scale on the whiteboard. I encouraged him to use the pen to show where he was on a scale of 1-10, and where he wanted to be. It appeared that the card sort gave him the prompt he needed to talk and the scale seemed to promote a sense of ownership over the issue and he was engaging with the counselling process. The 'numbers' represented an aspect in his life and he could visualise through moving up the line a path of improvement.

Here, I did not need to use the cards or scale straight away as the client launched straight into his progress.

Client 2 (Session 4)

T: Welcome, come on in

We barely sat down before the client said:

C: Um, you know the whole scaling thing we have been doing...well I used to be at a 4, but I reckon I've moved to a 7.

While there are a number of aspects that helped with the client's engagement, including familiarity with me as his therapist, familiarity with the process, and the progress he was making, my interpretation of the data suggests that the strategies I utilised, helped hasten this engagement.

Using visual cards as prompts for thinking and talking seemed to help another client as demonstrated in the following excerpt where strengths cards helped him reflect on his resourcefulness.

Client 3: Session 2

T What are 3 of your strengths that could help you with your goal?

C um.... what are my strengths? I don't know.

T Do you know what I mean by strengths?

C Yeah like what I'm good at.

T Yeah. Good. Could you tell me what you are good at?

C Not really.

T Would it be helpful to have a look through some cards to see what your strengths could be in relation to this behaviour change?

Client nods. I hand him the cards, he shuffles through them quickly and pulls out three.

T That was quick. What are they?

C Clear thinking, confident, happy

T How do you think you could use those strengths to help you maintain and progress with your goal?

C Um clear thinking...like thinking what I've already done to get to a 9. How I can be smart with what I can do.

Comforting – I guess that's just a part of being calm and relaxed when the situation arises. I can take comfort in myself, in knowing that I can do it.

Staying happy – thinking about things in a positive way. How I will be happier if I can control my anger. If I'm happy, I know the future will be better and these outbursts will happen less.

Clearly, using strengths cards helped this client to describe and, importantly for solution-focused counselling, hear himself describe contextually based strengths. Further, this also encouraged him to talk more about himself when I used the board to describe a scale or, in one session, when I used the metaphor of a roller-coaster to help him engage in talk about relationships.

T: When you're talking about getting on with people, does that mean making more friends, or does that mean just getting along with the ones you already hang out with?

C: I don't know.

Another 3 minutes of small talk about who his friends are.

T: At the moment, it sounds like your friendships/relationships are a bit like a roller-coaster?

I drew a roller coaster on the board.

Up one minute and down the next?

C: *Yeah like with T and Y, one minute they are really nice to me and then the next they are really horrible to me and making me do things I don't want to do. I've been in situations where I don't feel comfortable, then I do something stupid, and then it's me getting in trouble and I'm at the bottom of the roller-coaster, even fallen on the ground.*

Client continues to talk uninterrupted for 45 seconds about what happens on that roller-coaster. Frequently uses the word “roller-coaster”. This then helped him to explore the highs of the roller-coaster and draw out the exceptions (to his problem) which are useful in solution-focused counselling to help clients recognise their resourcefulness from instances of success.

In another counselling session, with a different client, when the client appeared to be hesitant to talk about his relationship with his Dad, I introduced a tactile game and observed in my data analysis that this seemed to help the client talk.

In my reflective notes I wrote:

Client's body language was a bit stiff and awkward – was hesitant to talk about his Dad. So I grabbed the giant Connect 4 to play while we were talking. Flow of conversation was a lot easier and he really started to move from superficial conversation such as how often he talked to his Dad', and where they lived to: “he is clueless about how I feel, how much I want to talk to him (well used to) and that I have come to the conclusion I don't really miss him and don't need him in my life”. I must have noticed the difference during the session because when we were packing up the game, I asked:

T: *What did you notice about that game, when we were talking?*

C *It was just easier to chat. You're just so focused on something else, you just talk about stuff you haven't really thought about before.*

Theme 2: Non-Verbal responses (and expressions e.g. voice tempo, humour)

After reviewing the data, I noticed that when I employed the different strategies, there were non-verbal responses that indicated that the boys were engaged in the session. I have used 'Non-Verbal' in a generic manner to describe observations in engagement that are not words spoken but indicators ranging from voice tempo, facial expressions, grunts, sighs, or indications of humour.

In this first example, I asked the client to use the playing cards to register his current level out of 10 then asked what his goal score would be. I had already picked out 1 – 10 of spades in a pack of playing cards. I asked him to lay them down on the floor in order. When he articulated that he wanted to get to a 10/10, he got really excited about what he could do to make this happen.

Counsellor Reflections: (Client 2, Session 2) The client gets excited when talking about a 10, his voice increases in volume, he talks too fast for my writing for the board. He goes on to say "if we're going to dream, dream big".

Video analysis helped me re-listen to the language the young men used, and also view how phrases were spoken and whether the body language was supporting this or not. I often noticed the boys getting excited and sitting forward when they were starting to take ownership over their goal.

Counsellor Reflections: (Client 3, Session 3). While we are working their goal on a scale written up on the board, the client moves from being slumped with arms crossed, looking at everything he can on the walls (but at me) to sitting forward with his arms rested on his knees, jiggling them up and down. He seemed focused and keen to share.

The same client during another session showed more non-verbal methods of communicating his level of engagement.

Counsellor Reflections: (Client 3, Session 4) We were doing another scale on the whiteboard and this time, he leaned back in his seat but he had pursed his lips in a 'thinking' pose and was looking up at the ceiling. He looks like he is really trying hard to think about my question and what he might say in return. In the past he has just shrugged his shoulders or given very minimal answers with little thought.

Another non-verbal expression of engagement shown when the clients were using the tools available was that they appeared to be more relaxed. In my analysis of the video tapes, I noticed this when they were doing something, for example, using the rubix cube, shooting mini basketball hoops and/or playing games such as Connect 4. In one case, I checked this out by saying:

T:I noticed you picked up the rubix cube.

C: Yeah it does kind of help with the nervousness doesn't it?

And, in another example, one client would always grab the swiss ball and sit on it and bounce throughout our sessions while playing with the rubix cube. I asked him about it one day.

T I notice that you always sit on the swiss ball and move about on it a lot, while playing with the rubix cube. What do you find helpful/unhelpful about that?

C Well it just helps me to concentrate. Like in class, if a teacher doesn't let me move much, I flick a pen until I get told off. I just like to move to focus on something.

These examples all suggest that, in addition to the tools available helping clients engage with solution-focused questions, the tools also seemed to help them relax, which encouraged their co-construction of solution-building.

Theme 3: Visual Scales and movement scales “helped me to work out how far I’ve come and where I need to get to”- future focus

As noted earlier, one solution-focused strategy/technique that aims to help a client express their goals, engage in problem-free talk and notice the progress they are making towards achieving their goal is a scale. In the original solution-focused teaching, this goal was expressed numerically. The counsellor would provide a scale on which the client would describe the value of their current problem, the value of their goal and any resources they were already using to achieve that goal. For example, the counsellor would set a goal where ‘1’ depicted the worst the client situation could be and ‘10’ depicted the best it could be. In my research, I wanted to explore whether using a board, using a billiard scoring board, an abacus or playing cards as practical tools would encourage engagement in positive talk and ownership over the student’s future. I had previously tried asking the scale questions just through verbal questioning, but I found that the answers were not in a lot of detail.

One client said little, or often grunted in our first session.

T On a scale of 1 – 10, 1 being the worst it’s been, and 10 being the best it’s ever been, where would you put yourself now in relation to what’s happening?

C Shrugs shoulders and shakes head.

T You don’t know?

C Na, not really.

So I got him to stand up and use the billiard board to move the scoring scale to wherever he felt he was right now with the conflict he was having with friends. He chose a 4.

T Can you tell me what is happening for you to choose a 4?

C Well if a friend or classmate says something to me that they think is a joke, I get really angry and fired up. I might even shove them against a wall, or I usually swear at them at least. But I know I've 'lost it'.

The next session we used the whiteboard to record the numbers etc. Again I asked him to write the number he was at last time, where he was today. I asked him if he wanted to write some bullet points but he said he would prefer if I did.

T So you were at a 4 last week, today you are at a 6. Excellent, how were you able to do that?

C I sort of realised yesterday when a kid was joking, that I didn't need to shove him so hard, but that swearing would be enough. I still got really angry though. Like really angry on the inside.

T Ok, let's have a look at the scale on the board again. So you were at a 4, you've gone to a 6 and wanted to get to a 10. Where would you say you are today? Same? Lower? Slightly higher?

C Much higher.

T Oh cool, where?

C Much higher. Maybe even a 9.

T Oh wow. Awesome. What's been happening?

C Someone told me to go kill myself and I didn't even care. I said nothing.

In the past this client would often retaliate in a negative physical or verbal manner. He seemed genuinely surprised that he had improved so much and through using the visual scale,

he was able to articulate what had happened. He seemed to have confidence in his strengths and ability to make change now and in the future.

We continued the session, but it was obvious that the scale was drawing out most of the talk. I wanted to see if he had noticed also.

T So what you are doing is obviously working, you've made such a change. I can see you're happier and you're noticing the differences. Until you came in here today, did you think you had made so much progress?

C No. I thought 4 to a 6 was great. But to a 9 is big.

T So you think seeing the numbers help?

C Yep, and it laid out like that.

T What is it about seeing the numbers and the words up there on the whiteboard that makes you understand?

C (long pause) They just help me to work out how far I've come and where I need to get to.

By engaging the students in strategies such as a visual or practical scale, they seemed engaged in the process of moving forward in a solution focused manner.

Another SF strategy that I wanted to explore, was the use of the miracle question with boys. As mentioned in the literature review, the miracle question is a strategy intended to be used with a client to help him or her visualise themselves in a preferred future so that they can access possible resources and successful strategies to reach such a place. I have not had a lot of success with the 'miracle question' when doing solution focused counselling, so I wanted

to see if there was a different way of saying/describing/depicting the same ideas, but in a way that the students understood.. In the following example, just prior to this section of the conversation I had used a scale with this client. He could tell me what was happening at a 2 out of 10, but he could not tell me where he wanted to be, and what that would look like. So this is why I tried the miracle question in a practical way.

T I want you to draw something for me with the pens. You don't need to be any good at drawing. But I need you to use your imagination, so have a wee think. If you went home today after school and everything was normal and you went to bed tonight as normal, but then something amazing happens in your sleep. That something amazing means that whatever is bothering you is gone. Can you draw what is the first thing that you would notice when you woke up?

C Draws on the paper.

T What have you drawn there?

C Everyone is being nicer. Life is improved. I'm actually able to go up to people and say if I can play and that.

As I did not ask this client the miracle question in the normal, abstract, manner I am not able to say whether or not he would have envisaged his preferred future as clearly. I can, however, say that, allowing the client to draw and talk enabled him to articulate clearly, and see for himself, how he would like things to be. The rationale for using a miracle question and the usefulness of helping the client access a preferred future was met.

Theme 4: Counsellor's Experience

Throughout the study I have been immersed in the process by being the counsellor and researcher simultaneously. This is nothing new. As counsellors, we are trained to constantly

be reflective on our practice so that we can extend our ability to respond to the needs of the individual clients sitting in front of us.

During this study there were defining moments where I felt different aspects of the counselling challenged me to reflect, adapt, modify and consequently learn. Most of the evidence comes from my reflective journals written directly after the counselling session, or while reviewing the video footage later.

One of the most noticeable aspects of how the strategies affected my counselling, was in the structure of the session itself. Specific strategies such as the scales, helped me to stay positive, forward-thinking and working with the client to co-construct a solution.

Counsellor Reflective Journal (4th August 2015)

Whenever I use a scale I seem to have more structure. I'm more purposeful in my questioning. I seem to focus more on the positive and don't get side-tracked. More enjoyable sessions and I seem more relaxed in my posture (I viewed this in the video). I noticed that with one client early on in the study, I let him talk more and didn't come back to the scale that often. He was on for a chat this day and I was drawn in to this talk, however it didn't seem to be constructive and the conversation ended up with the client talking about how bad the situation was. When I brought him back to the scale in the next session, the construction of a goal was a lot clearer and I was more comfortable with the process. It helped me to understand the client, gave clarity to the situation and to the future he wanted.

While following scales helped me to have focus, when I moved to using more kinaesthetic activities, I found it more difficult to retain the structure of the session. For example when I first started using the giant Connect Four game as a strategy to engage the students, they may have found it 'easier to chat', but I found it harder. I started off being quite focused on the game and forgot my line of questioning.

T Have you always known your Dad?

(I put a disc in the connect 4 which made a lot of noise)

C Yeah, I've always known him, Mum has always been pretty open about him.

T Umm...

(Client put in a disc)

C He found a new wife

T And has he...?

C Done much with me?

T Yeah

C Yeah but we've always had more people around us so never by ourselves

(While he said this comment I put a disc in the connect 4).

C What are you going for?

T (Laughs) I think I'm on the defensive, I don't have an attacking plan.

I felt that the client led this part of the session as I was being distracted by the game. I was struggling to think about what to ask next and to listen intently on what he was saying.

Following this segment of conversation, I must have realised that I was being distracted by the game as, in the video I note that I stopped putting discs in while he was talking. This enabled me to focus on what he said, and construct my next sentence/question. I then put the disc in after my question. This seemed to give the conversation more structure and purpose. This was evident from the flow of the conversation.

Another reflection I made in my counselling journal while engaging in this research was in reference to starting a session.

I have always struggled with starting a session in a client-led manner. If I ask them what it is they want to focus on, or talk about today, I very often get 'don't know' or a shrug. I want to get really good at being a solution focused counsellor and want to give the client agency over the session as much as possible. However I felt like I was at a cross-roads and didn't know where to go to next. So I approached this topic with my supervisor. He was really helpful and suggested the 3 opening statement cards described in the Methodology Chapter; something I talked about last time, something I have talked about before, something I haven't talked about before.

I noticed in the video footage today, after using these 3 cards, I was more at ease with the start of the session. Even though this student still didn't know what he wanted to talk about, I felt that I had given him some freedom of choice and then went on to ask if anything was better than last time we met. At times now, I feel so comfortable with the process of 'not knowing', not needing to lead them anywhere in particular and that they are the expert in their lives.

Doing this research has enabled me to reflect and analyse my engagement in, not only my solution-focused counselling, but also, my use of tools to encourage more client engagement in solution-focused counselling. My reflective journaling has provided evidence that my use of visual and kinaesthetic tools has enabled me to question the rationale for particular solution focused questions and check whether the tools have helped me and my clients meet this purpose or not.

In this chapter, I have used spoken excerpts, from videoed sessions, and entries from my journal to demonstrate how the use of visual and kinaesthetic tools has helped my clients engage in the co-constructive aspect of my solution-focused counselling. I have organised the findings under four headings to highlight some key themes. These help demonstrate that when extra strategies were used to help boys respond to solution-focused questions the boys

appeared to relax and engage in co-construction of goaling, and noticing their own resourcefulness and progress. Across the themes, one of the strongest findings to reappear frequently, was the power of the strategies to ignite and continue conversation. And, finally, I have explored the data for evidence that engaging in this research, and trying to use extended strategies to apply solution-focused questions and statements has changed my own practice. My reflective journal entries, and my analysis of many hours of videoed interviews provides me with the evidence that I have become more relaxed in my use of solution-focused strategies and gained confidence that I can be solution-focused without force.

Chapter 5 - Discussion

In this chapter I discuss the findings of the study and consider these with respect to findings in the relevant literature. Strengths and limitations of the research are described as are the implications for my future counselling practice.

Findings and Implications

The aim of this research was to explore how adolescent boys engaged with tools and strategies to support a SFBT model of counselling. This was prompted by my concern that young men, at the school in which I am an intern, did not seem to engage with the talking aspect of counselling. It was also prompted by awareness that males and females cope differently when faced with difficulties (Freyberg & Lewis, 1991) and utilising their cognitive part of their brain when in talking therapy before other needs are met, may not be developmentally appropriate for young men (Perry, 2009). By recording my counselling sessions in which I extended solution-focused techniques with the use of visual and kinaesthetic tools, I was able to explore the ways that young men participated in the sessions.

The main findings of this research support the literature that young men are more responsive to activities that ignite thought where the action is direct and future focused. I found using the tools and strategies prior to and alongside solution focused questioning techniques useful to engage the young men in the counselling process. When I used visual and kinaesthetic tools, my counselling clients appeared to talk more than I had experienced with young men when I had not used the tools. While I acknowledge that this judgement is subjective, I also found that when I asked clients about their experience of using the tools they remarked that the tools had helped them relax, concentrate and think. It may be that, the tools and strategies used assisted in igniting a part of the brain that helped them to use language as suggested by Booth

et al., (2008). To determine this is beyond the scope of this current research, but a useful topic for further research.

A second finding of the current study was that the young men appeared to be active (physically), and expressive (smiles, focusing on the tools, sitting forward) when they were given the choice to shuffle through cards, play with rubix cubes, lego or playdoh, draw, or write on the board. Again, when this is compared with their engagement before the tools were introduced, their increased engagement is noteworthy. Furthermore, the participants in this research were prepared to describe what was happening for them and articulate clear goals when they were using the tools. Research on counselling effectiveness describes the relationship between the counsellor and client, the therapeutic alliance, as an important contributor to positive outcomes (Duncan & Miller, 2008).

Related to this was the place of humour in building a relationship. As Freydenberg & Lewis (1991) found in their study, humour was a way of engaging male clients in counselling. A particular student was a laid-back, jovial type who did not like to take life too seriously on the exterior. However he had had some hurt in the past that he was still dealing with. Of all of my students, this was the one where we spent most of the time talking about sport and drama and other things that interested him. I sensed that knowing him outside the office was one of the reasons he came to me as a counsellor in the first place as we had already established a relationship of understanding and trust. When I was counselling this client, I often wondered whether it was the actual tool or strategy that was effective in engaging him, or whether those tools facilitated the relationship between us.

Furthermore, the solution-focused approach promotes a counselling process which is collaborative and several writers suggest that clients who engage in a collaborative process report a positive experience (de Jong and Berg, 2013). It appears that the young men who

participated in this research, where we were working collaboratively, were able to engage in counselling and talk enthusiastically about their strengths, resourcefulness and goals.

The third finding supports the literature that using solution-focused techniques with young males is effective (Macdonald, 2011). In this current research, the participants showed preference for making change and moving forward in a future-focused manner. They also liked practical activities that took their focus away from the feelings. This finding is consistent with the literature (McCaleb, M., & Mikaere-Wallis, N., 2005). The use of tools and strategies to support solution focused counselling obviates the need to talk about the past. The students appear to be able to disassociate themselves from the problem and when they do discuss what is happening for them and why they have decided to come to counselling, then the tools such as numbers, cards, moving the billiard scale, appear to allow them to gain some distance between the problem and themselves. A key tenet of solution focused counselling is that it is easier to build solutions than to solve problems and when people are able to recognise their resourcefulness they are more able to move towards a preferred future (Berg & de Jong, 2013). In this current research the use of solution-focused counselling techniques appears to have been useful to the clients as they explored their preferred futures.

Finally, this research has supported the literature that reflection on practice helps counsellors improve their practice (Bager-Charleson, 2014). I have found engaging in this research has encouraged me to examine my practice, challenge what I was doing and, as a result I have found myself not just thinking about using solution-focused techniques but being more solution-focused.

Implications

This study has already changed my practice. I often start straight away with a scale on the whiteboard, or I use the abacus which has scale ratings of how the boys' lives are at that

moment. I also give the boys options of where to sit. A couple of students discussed how they had something else to focus on, rather than just talking, and so the seat arrangement is important. They often choose the swiss ball to sit on, or the seat facing the whiteboard, with their sides to me.

I hope that this research can add to the body of knowledge in the area of counselling young men where there is a paucity of research. I also hope that I have provided sufficient detail for counsellors who want to experiment with different strategies to do their own action research.

Where to next?

I feel competent in implementing solution focused brief therapy with the adolescent boys I see daily, however this research has taught and reminded me that every client is unique and individual and I need to adapt my practice depending on their needs. The philosophical stance of solution focused work where the client is the expert is a superb grounding to inform the beginning and main focus of sessions. However this study has re-ignited my passion to keep learning, to keep experimenting to become as highly skilled as possible to help all clients in their time of need.

Limitations

The first limitation is that I only worked with four clients. However, as I was not expecting to make generalisations from the findings, the ability to record, transcribe, analyse and reflect on a number of sessions in which you used tools to supplement solution-focused techniques is valuable. It could have been useful to explore the use of the tools with more clients, with more variation and consolidation in age and background. I had one Year 7, one Year 8, and Year 11 and Year 13 student. A good spread of ages, however more time for the study might have meant I had students at all Year levels with more data to review.

Another limitation of my research is that I did not focus on the client/counsellor relationship. There is much research on this in boys' education but the fact that, for this research I was both the counsellor and the researcher put it outside the parameters of this research. As I noted in the findings chapter, allowing boys to choose activities during counselling enabled them to engage in the counselling and the collaborative nature of solution-focused counselling encouraged a good working alliance.

I would have liked more client voice in my data and to have gained more opinions about the different activities. I was conscious, however, that if I had asked about this too much the clients might have felt they were praising or offending me personally. The presence of being the counsellor and the researcher at the same time had its limitations. Thus, I have had to interpret their engagement from the videos and my reflections. I believe, however, that there is sufficient evidence to support my contention that using tools to supplement solution-focused counselling is very useful for working with adolescent males.

Conclusion

The research question 'How do adolescent boys engage with an adapted Solution Focused Brief Therapy (SFBT) model of counselling?' was explored in the context of an all-boys New Zealand High School. Using an interpretive lens and a thematic approach within the four case studies helped me to gain an understanding of how the use of different tools engaged young men in a solution focused brief therapy manner.

In this research study I found that using activities that ignite thought where the action is direct and future focused helped boys to engage in counselling. The tools helped to facilitate a therapeutic alliance between counsellor and client. These findings enabled the boys to

articulate in their own language what was going on for them, and how they could make a change.

I may have used the term ‘adolescent boys’ as if this is the group I was working with, but this research has confirmed for me the need to consider them all as individuals. Each of the participants and the use of tools provided were there to support their engagement in different ways. No comparison can be made, but if we take one thing from this research, it is the underlying reminder of what Insoo Berg and De Shazer hoped for in their solution focused brief therapy modality, that we must take a view that the client is the expert in their own lives and that we are there to merely help them construct meaning, draw out their strengths and resources to help them find their own unique solution to their preferred future.

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APPENDICES

APPENDIX A: Summary of Strategies Used

Responses and the Counsellor's Reflections

Strategies for working with boys	What their response was	How I responded?
Scales <ul style="list-style-type: none"> - On board - Cards - Abacus - 	Talk more Pondering/thinking Remembered numbers from previous session Could see their improvement (helped them to remember) Clarification on issue and goal Focused their thoughts and consequently words Started a session (Karim's last) Got them moving physically	I had more structure. More purposeful. Focused more on the positive and didn't get side tracked. More enjoyable. What were the challenges? Helped me to understand the client, gave clarity
Kinaesthetic activities <ul style="list-style-type: none"> - Connect 4 - Shooting bball hoops - Swiss ball - 	More energy Elaborated on deeper issues Relaxed Humour Mutual activity to discuss and build on relationship "Easier to chat"	I had to focus on what I said and keep the conversation flowing. I had to make sure the game/activity was one that didn't take too much thought, so that neither of us would get too distracted.
Strengths cards	1. Made into a negative?? 2. Empowering (got excited about what he could do)	1. Flustered that we were going down a negative path 2. I got a deeper understanding of who they were, what they wanted
Miracle question	Made him think about possibilities and something that he could realistically do	Awkward. Wasn't expecting him to say he wanted his dad dead.
Starting a session using card??	Engaged Ownership over future	More at ease with the direction. Reverted to previous sessions

APPENDIX B: UC Ethics Approval



HUMAN ETHICS COMMITTEE

Secretary, Lynda Griffioen
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2015/66

3 August 2015

Claire Washington
School of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Claire

The Human Ethics Committee advises that your research proposal "Adapting Solution Focused Brief Therapy (SFBT) to enhance engagement with adolescent males: clients' and counsellors' experiences" has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 3 August 2015.

Best wishes for your project.

Yours sincerely

A handwritten signature in black ink, appearing to read 'L. MacDonald'.

Lindsey MacDonald
Chair
University of Canterbury Human Ethics Committee

APPENDIX C: STUDENT INFORMATION

Health Sciences Department

Telephone: (03) 3487010 ext 703

Email: cburrough@stc.school.nz



3rd August 2015

One counsellor's experience of the use of solution focused brief therapy (SFBT) with adolescent males. Information Sheet for Students

As you know I am one of the counsellors here at STC and as part of my Masters of Counselling study, I will be conducting some research.

Purpose of the study: I am interested in looking in depth at my own counselling practice in order to explore what techniques I am using are helpful in engaging boys in counselling. It will be counselling as normal for you. The only difference for the research is that the results will be written up in a public document, of which all names will be anonymous, including the school. **Time required?** You will attend 3-5 regular counselling sessions, approximately once a week for 40-50 minutes, during school hours. These sessions will be videotaped.

- **Participation is voluntary** and you have the right to withdraw during the counselling. At the end of Term 4, the data will be analysed.
- **Parents/guardians** must consent for you to be involved and also have the right to withdraw their consent for your involvement in the research at any stage
- **No one will know you participated.** All information is confidential and your name and the school's name will be completely anonymous (private).
- **Information will be private.** The data collected will be securely stored through password protected files where only the researcher (me) will be able to access it. If an outside transcriber is used they will sign a confidentiality agreement. All data will be destroyed after 5 years.

- **Results:** You will be notified at the end of the study about how to access the results that get published via the UC library database (**STILL, no one will know it was you**)
- At the beginning of each session I will ask if you would like to continue the counselling, as well as continue being a part of the research. It will be completely ok if you want to stop the research and just continue the counselling, or completely stop counselling with me altogether
- Please indicate on the consent form if you would like to receive a copy of the summary of results of the project.
- The project is being carried out *as a requirement for the Masters of Counselling* by Claire Burrough under the supervision of Shanee Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz . She will be pleased to discuss any concerns you may have about participation in the project.
- This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).
- If you agree to participate in the study, you are asked to complete the consent form and return via email or to my office.

At all times, your best interest is paramount. If you have any questions about the study at any stage please talk to the other counsellor or anyone else on the pastoral team such as the deans or head of pastoral. If you would like to participate, please contact me around school, in my office, email me (cburrough@) or text my counselling phone 0278787867,

Thank you for your consideration.

Miss Burrough

Counsellor – (School name)

APPENDIX D: PARENT INFORMATION

Health Sciences

Telephone: (03) 3487010 ext 703

Email: cburrough@ 3rd August 2015



One Counsellor's experience of the use of solution focused brief the adolescent males.

Information Sheet for Parents/Guardians

My name is Claire Burrough and I am one of the counsellors at (School name) College. As you may be aware, we have a holistic culture of care at (School name) as we know that if students are content they are more likely to thrive and learn in their environment. Counselling is one pillar of support that we offer.

I am completing my Masters of Counselling and will be undertaking research as part of the course requirements. I want to explore the best techniques in engaging adolescent males in counselling. Research shows that boys process language in different parts of the brain to girls, and I would like to build my knowledge and skills in developing boys to articulate what is happening for them. I want to explore the best techniques that ignite and encourage conversation. This might involve some kinaesthetic tools such as card activities, creative activities such as drawing or building objects, to help them construct ideas and develop lifelong reflective skills.

If you choose for your son to take part in this study, he will receive counselling as normal. This might involve 3-5 counselling sessions for approximately 30-50 minutes and can be before, during or after school. The sessions will be videotaped. The videos belong to the researcher, but once the information has been transcribed, the videos will be destroyed.

Participation is voluntary and you and your son have the right to withdraw at any stage. If your son does withdraw, we will support him through extra counselling if required, or refer to other appropriate agencies. You may ask for your raw data to be returned to you or destroyed. If you withdraw, I will remove information relating to you. However, once analysis of raw data starts at the end of Term 4, it will not be possible to remove your data.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: your son's identity will not be made public without your prior consent. To ensure anonymity and confidentiality, I will follow the normal procedures as required by the New Zealand Association of Counsellors (NZAC). All information is confidential and the name of the participants and the school will be completely

anonymous. The data collected will be securely stored through password protected files where only I will be able to access it. If I decide to use an outside transcriber they will sign a confidentiality agreement. All data will be destroyed after 5 years.

A thesis is a public document and will be available through the UC Library.

Please indicate on the consent form if you would like to receive a copy of the summary of results of the project.

The project is being carried out *as a requirement for the Masters of Counselling* by Claire Burrough under the supervision of Shanee Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz . She will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to participate in the study, you are asked to complete the consent form and return via email or via your son.

As a counsellor and researcher, one of the most important considerations is eradicating any potential risks to the participant and being completely ethical throughout the process. At all times, the student's best interest is paramount.

Claire Burrough

Counsellor

School Name)

APPENDIX E: PRINCIPAL/HEAD OF PASTORAL INFORMATION

Health Sciences Department

Telephone: +64278787867

Email: claire.washington@pg.canterbury.ac.nz



3rd August 2015

One Counsellor's experience of the use of solution focused brief therapy (SFBT) with adolescent males.

Information Sheet for Principal and Pastoral team

As you may be aware, I am conducting my Masters of Counselling and will be doing research on students in our school. For my research I want to explore how adolescent males engage in counselling. Research shows that boys process language in different parts of the brain to girls, and I would like to build my knowledge and skills in developing boys to articulate what is happening for them. From my experience I have noticed that some male students struggle to express themselves verbally when sitting face-to-face in a clinical counselling situation. I want to explore the best techniques that ignite and encourage conversation. This might involve some kinaesthetic tools such as card activities, creative activities such as drawing or building objects, to help them construct ideas and develop lifelong reflective skills.

The students will receive counselling as normal. This might involve 3-5 counselling sessions for approximately 30-50 minutes and can be before, during or after school. The sessions will be videotaped. The videos belong to the researcher, but once the information has been transcribed, the videos will be destroyed.

Participation is voluntary and the students and their parents have the right to withdraw at any stage. If he does withdraw, we will support him through extra counselling if required, or refer to other appropriate agencies. The student may ask for your raw data to be returned to him or destroyed. If he does withdraw, I will remove information relating to him. However, once analysis of raw data starts at the end of Term 4, it will not be possible to remove the data.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: the students' identity will not be made public without your prior consent. To ensure anonymity and confidentiality, I will follow the normal procedures as required by the New Zealand Association of Counsellors (NZAC). All information is confidential and the name of the participants and the school will be completely anonymous. The data collected will be securely stored through password protected files where only I will be able to access it. If I decide to use an outside transcriber they will sign a confidentiality agreement. All data will be destroyed after 5 years.

A thesis is a public document and will be available through the UC Library. I will provide you a summary of the results of the project.

The project is being carried out *as a requirement for the Masters of Counselling* by Claire Burrough under the supervision of Shanee Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz . She will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree for the school/your department participate in the study, you are asked to complete the consent form and return to me.

Claire Burrough

Counsellor

School Name

APPENDIX F: STUDENT CONSENT FORM

Health Sciences Department
University of Canterbury
Telephone: (03) 3487010 ext 703
Email:



Consent form for Students

One Counsellor's experience of the use of solution focused brief therapy (SFBT) with adolescent males.

(Please tick each box)

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me if I agree to take part in the research.
- ☐ I understand that participation is voluntary and I may withdraw at any time without penalty.

Withdrawal of participation will also include the withdrawal of any information I have provided should this remain practically achievable.

- ☐ I understand that the counselling sessions will be kept confidential to the researcher and that any published or reported results will not identify the participants or school. I understand that a thesis is a public document and will be available through the UC Library.
- ☐ I understand that the counselling sessions will be video-taped and the videos belong to the researcher. Once the videos have been transcribed, they will be destroyed. All other data will be destroyed after 5 years.
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- ☐ I understand the risks associated with taking part and how they will be managed.
- ☐ I understand that I am able to receive a report on the findings of the study by contacting the researcher at the conclusion of the project.
- ☐ I understand that I can contact the researcher Claire Burrough ([cburrough@](mailto:cburrough@canterbury.ac.nz)) or supervisor

Shanee Barraclough (shanee.barraclough@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)

- ☐ I would like a summary of the results of the project.
- ☐ By signing below, I agree to participate in this research project.

Full name (student)_____

Signature _____ (Date)

Email address for report_____

Please return this consent form to Miss Burrough.

Thank you for your time.

APPENDIX G: PARENT CONSENT FORM

Claire Burrough
University of Canterbury
Telephone: (03) 3487010 ext 703
Email: cburrough@



Consent form for Parent/Guardian

One Counsellor's experience of the use of solution focused brief therapy (SFBT) with adolescent males.

(Please tick each box)

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of me and my son if I agree to take part in the research.
- ☐ I understand that participation is voluntary and I, or my son may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information my son has provided should this remain practically achievable.
- ☐ I understand that the counselling sessions will be kept confidential to the researcher and that any published or reported results will not identify the participants or school. I understand that a thesis is a public document and will be available through the UC Library.
- ☐ I understand that the counselling sessions will be video-taped and the videos belong to the researcher. Once the videos have been transcribed, they will be destroyed. All other data will be destroyed after 5 years.
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- ☐ I understand the risks associated with taking part and how they will be managed.
- ☐ I understand that I am able to receive a report on the findings of the study by contacting the researcher at the conclusion of the project.
- ☐ I understand that I can contact the researcher Claire Burrough (cburrough@) or supervisor Shanee Barraclough (shanee.barraclough@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- ☐ I would like a summary of the results of the project.

☐ By signing below, I agree to participate in this research project.

Full name (parent/guardian)

Signature _____ (Date)

Email address for report _____

Please return this consent form in the envelope provided by 30th August 2015.

Thank you for your time.

Claire Burrough

APPENDIX H: PRINCIPAL CONSENT FORM

Claire Burrough
University of Canterbury
Telephone: (03) 3487010 ext 703
Email: cburrough@stc.school.nz



Consent form for Principal

One Counsellor's experience of the use of solution focused brief therapy (SFBT) with adolescent males.

(Please tick each box)

- ☐ I have been given a full explanation of this project and have had the opportunity to ask questions.
- ☐ I understand what is required of the students if they agree to take part in the research.
- ☐ I understand that participation is voluntary and that the student may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information the student has provided should this remain practically achievable.
- ☐ I understand that the counselling sessions will be kept confidential to the researcher and that any published or reported results will not identify the participants or school. I understand that a thesis is a public document and will be available through the UC Library.
- ☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- ☐ I understand the risks associated with taking part and how they will be managed.

I understand that the counselling sessions will be video-taped and the videos belong to the researcher. Once the videos have been transcribed, they will be destroyed. All other data will be destroyed after 5 years.

- ☐ I understand that I am able to receive a report on the findings of the study by contacting the researcher at the conclusion of the project.
- ☐ I understand that I can contact the researcher Claire Burrough (cburrough@stc.school.nz) or supervisor Shanee Barraclough (shanee.barraclough@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)

- ☐ I would like a summary of the results of the project.
- ☐ By signing below, I agree to participate in this research project.

Full name (Principal) _____

Signature _____ (Date)

Email address for report _____

Please return this consent form in the envelope provided by 30th August 2015.

Thank you for your time.

Claire Burrough

APPENDIX I: ADVERTISING POSTER/EMAIL

Would you like some support?

Miss Burrough is completing her master in counselling and is interested in finding out what boys like or don't like about counselling. She would like 3-5 students to volunteer for a research project she is completing.

As part of the project, you will receive 3-5 normal counselling sessions. See the information sheet for more details.

Some things that you may be wanting help with:

- Dealing with anger
- Arguing at home
- Motivation
- Struggling to get out of bed
- Health
- Having trouble sleeping
- Relationship support
- Experiencing loss of something or someone
- Anything else...



How can counselling help?

Sometimes we don't want to talk. But sometimes talking helps. Even if you don't know what it is that is bothering you, having someone listen, or ask you questions can help you process the way you are feeling.

Who is Miss Burrough?

Miss Burrough offers confidential, non-judgemental counselling. If you are having a bad day...or you want to discuss something that is private, she is waiting for you to contact her. You could help yourself, and contribute to research that helps others.

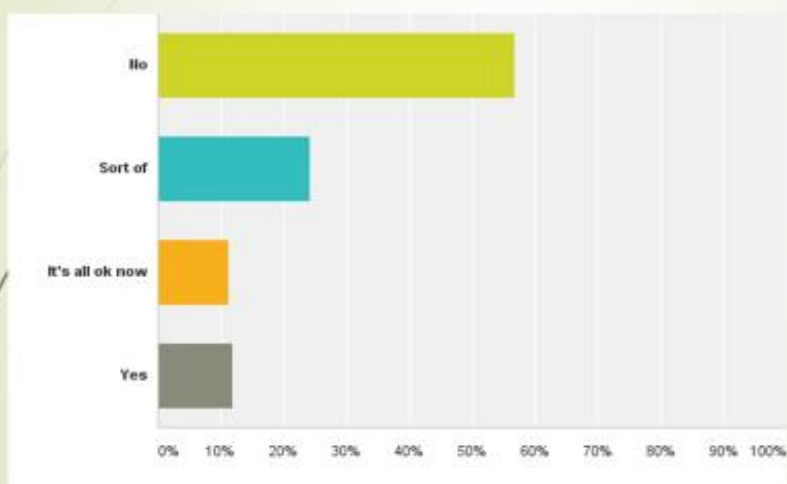
If you are interested, please fill out an appointment slip or text her on 0278787867 or email cburrough@ (email)

APPENDIX J: Questions for students following the sessions

- a) On a scale of 1-10, how helpful was this sessions?
- b) Did anything happen in this session that you felt was really helpful or unhelpful to you? If so, please describe it and then answer the other questions.
- c) How was it helpful/unhelpful?
- d) What did the counsellor do at the time to make it helpful?
- e) Why do you think that it was important to you?

APPENDIX K: Student survey completed at school around well-being

Q3: Have you had a major upset this year? (e.g. conflict, difficulty, loss etc)



Q4: Who did you talk to about it

